ABRIDGED REPORT OF THE

Address in Medicine,

Delivered at the Meeting of the British Medical Association in Birmingham,

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THE PUBLIC ASPECTS OF MEDICINE.

[HAVING spoken of the honour conferred upon him in being appointed to deliver the address, and referred to the change which had taken place in the mental attitude of the profession towards disease since his first connexion with the Birmingham school, Sir W. Foster proceeded:]

Well, in those days, in the struggle between the old principle of authority and the modern spirit of doubt, it was beginning to go hard with the metaphysical battle cries of the old school of medicine. The *vis medicatrix naturæ*, which had been a popular fetish, and the change of type theory of disease, which had all the consoling virtues of extreme unction for the passing generation, were rudely questioned by the younger men as final explanations, and were being generally realised at their true values as temporary hypotheses based on partial truths. They had served our predecessors, groping their way through metaphysical mists, but they had now become impediments to the onward march of exact thought. The new school confined its attention to the direct study of the actual physical phenomena of disordered health. Imbued with the traditions of the Dublin school, one could look back lingeringly on the clinical conquests of the old masters before joining the modern leaders in the new crusade of experimental medicine. It was a veritable revolution, and with it came a natural reaction against the empiricism of the older time, which resulted in a nineteenth-century revival of the Hippocratic school. The study of the natural history of disease was once more exalted by some to the highest place, and the function of therapeutics lowered to the so-called "expectant method." Fortunately this modern revival of what had been called of old a mere meditation upon death had in its extreme form but a short success. It is hardly too much to say that diagnosis itself would in time have become a superfluity to practitioners, who regarded a warm bed as the simple and sole treatment for a pneumonia, a pleurisy, or a rheumatism. The cynical confession by these modern Hippocratists of their impotence to grapple with developed disease and cut short its course roused the impatience with which disciples of the aggressive school have always refused the passive function of mere observation. The external forms of diseases and the laws which regulate their courses were already well, if not perfectly, known, and so students were stirred more and more in the face of teachings of therapeutic powerlessness to search into the causes which produced disordered health. The study of medicine became more and more the study of experimental pathology, not the morbid anatomy that generated despair by its revelations of the ravages of unchecked disease, but that modern pathology, which, armed with instruments of precision and methods of the minutest delicacy, has sought out the very beginnings of disease, and discovered new possibilities of final triumph. Thus, side by side with the teachings of Gull and his followers, grew the new school of experimental medicine. The time, too, was propitious. The physical sciences had reached a stage of their growth when medicine could borrow their methods, and, relying no longer solely on observation, could apply experiment and comparison to the solution of her problems. "To search out and study the secrets of nature by way of experiment," the great Harveian principle, was to bear fruit. Villemin, in 1865, startled the world by showing the inoculability of tubercle, and Sanderson repeated and confirmed his experiments. The work has gone on ever since till now; thanks to the brilliant labours of Koch, we can identify and isolate the bacillus of tubercle. It would be difficult to exaggerate the value of this great conquest of experiment, which is dissipating day by day the mystery that has through the ages surrounded consumption. Like other similar discoveries hereafter to be referred to, its chief value at present is in the explanation it gives of the communicability of the disease, the conditions which favour its development, and the means to which we look for prevention, if not for cure.

Long before this we had, in seeking an explanation of many infectious maladies, assumed that some sort of fermentative process went on in the system, and so we called them zymotic diseases. When the labours of Schwann had demonstrated that the act of fermentation was intimately connected with the multiplication of living yeast cells and the result of their life, a beginning was made for the germ theory of disease. The study of putrefactive processes and their intimate association with micro-organisms distributed in air, earth, and water was the next step. The doctrine of a contagium vivum as the cause of each specific disease received fresh support, and the vitalistic theory of fermentation elaborately supported by Pasteur led to the greatest of modern surgical triumphs in the treatment of wounds—a triumph which has added glory to British surgery and immortalised the name of Joseph Lister. The fermentative and putrefactive processes were, under the growing sense of their importance, investigated alike by those who held the vitalistic theory of their causation and those who defended chemical views. In the end, the great chemical champion, Liebig, was dislodged by the experiments of Naegeli from a series of positions which he had defended with the greatest skill, and the presence of micro-organisms was generally accepted as essential to fermentation and putrefaction. The writings of Henle, nearly fifty years before, had foreshadowed the connexion of infective diseases with micro-organisms; and Dr. William Budd of Bristol had, in 1849, declared his belief that cholera and typhoid fever depended on living organisms. The discovery of the bacillus of anthrax by Pollender, and the subsequent elucidation of its life and history by Davaine, Pasteur, Koch, and others, who proved it to be the actual cause of the malady, opened a new field of study. New and ingenious methods of investigation, new arts of studying the life-history and morphology of bacteria by cultivating them in nutrient media, were devised, and inoculation experiments on animals revealed new and startling facts as to the nature and modifications of the virulence of micro-organisms, which led to the discovery of means by which they could be weakened at will and made protective against more potent forms. Modern medicine had been reproached by a great clinician as tending to lose itself in the study of the infinitely little, but the infinitely little had now a noble revenge in creating a scientific basis for preventive medicine. Bacteriology became a special branch of science. Relapsing fever yielded its secret cause, in the spirillum of Obermier in 1872; while researches on the diseases of animals discovered bacilli as the causal agents of many of their ailments. The chicken cholera investigations of Pasteur were probably the most fruitful, for they first led him to the discovery of the method of attenuating the virus by the action of the air on his cultures of the microbe. Similar methods applied to the study of the bacillus of anthrax led Dr. Greenfield, in this country, and Pasteur, in France, to the conclusion that its virus could be also attenuated by cultivation, and that inoculation of the attenuated form, while producing mild splenic fever, was protective against future attacks of the disease. There is yet another example, in a disorder affecting pigs, called in France "rouget," and in Ireland "red soldier," from the red patches that appear on the skin in fatal cases. This affection depends on a bacillus, and in studying it Pasteur devised a new method of attenuation. He inoculated rabbits with the virus, and discovered the remarkable fact that in passing through rabbits the energy of the virus increased for them, while it diminished for the pig, till at a certain point it became a protective vaccine for the swine. The genius of a French chemist thus opened out to our view, in these and other experiments, the far-reaching possibilities of preventing disease which the great Englishman began in the discovery of vaccination. Pasteur's most difficult task, however, was the discovery of a prophylactic for hydrophobia. Working on the same lines, although he did not succeed in isolating the special microbe of rabies, he nevertheless found a means of modifying the virus, of shortening its incubative period, and inventing a system of inoculation which is protective against the dog bite. Hydrophobia is supposed by Pasteur to be due to a living contagium capable of multiplication, and to a secondary poison or ferment, which is produced by the

growth of the micro-organism in the system. Now there is a law widely applicable to most zymotic or pathogenic organisms, that the substances they produce become in the end destructive of their own development. The most familiar illustration is vinous fermentation, in which the alcohol formed checks the growth of the yeast fungus. If this theory be well founded, the effect of repeated inoculations of the chemical product is to introduce into the body, in the form of attenuated virus, enough of the product to prevent the fresh development of the original micro-organism. As I have said, this original micro-organism has not been isolated in the case of rabies. There is consequently a gap in our knowledge of the *modus operandi* of the virus in that instance, which leaves us in much the same position as we are with respect to vaccination and small-pox. Admitting this freely, we can still agree with a great authority in saying: "There is no stronger example of the power of the experimental method applied to medical matters than this one of the prevention of a malady, the absolute virus of which is still obscure."[1] Looking closely at this theory, we get a side light of startling suggestiveness as to the truth at the bottom of the old theory of the *vis medicatrix naturæ*, just as in the modifications in the intensity of the virus produced by cultivations we may recognise the truth underlying the change of type theory of disease. In the most malignant infective or febrile disorders there is often such profound constitutional disturbance that some poison or ferment is suspected to be generated in the blood. This chemical side of the pathological inquiry has yet to be worked out, but already chemists have isolated from organic substances undergoing putrefaction complex compounds which possess most virulent properties. In some cases of septic disease these toxic products, there is reason to believe, are generated by the metabolism taking place between the bacteria and the tissues. Some of the latest researches lead us to think that a given bacillus will always produce identical metabolic products, and that some of these are the specific results of the particular bacterium, and cause the graver symptoms, as, for instance, in diphtheria.

The position at which we have arrived may be briefly stated as follows. In some few diseases, such as anthrax and relapsing fever, we know a specific micro-organism to be the contagium. In a second group, such as tubercle and cholera, the evidence is nearly complete; while in a third group the position of the micro-organism as the cause of each malady is still *sub judice*. In scarlatina, for example, the existence of a specific germ has been warmly discussed by Klein and Crookshank. Edington claims to have found a bacillus, Klein and others describe a specific streptococcus. Fraenkel and Freudenberg admit the streptococcus, but say it is not special to scarlatina, but identical with the streptococcus pyogenes, which is common to many septic and purulent conditions. So the matter rests, and we may leave it with confidence in the hands of such workers.

The lesson that these results teach us is that experiment and comparison have vastly changed our notions of disease, by substituting actual demonstrations of morbid processes for vague speculations. We no longer refer an epidemic to the anger of the gods, or to some intangible emanation, but we find its cause with the microscope and the culture flask. We identify and isolate the microbe, and that done, or even before it is done, we learn by experiments to modify and master its effects. "Shutting out fear with all the strength of hope," experimental medicine aims at discovering and controlling the starting-point of each infectious malady. In every instance in which that is accomplished the arts of prevention and cure hasten forward with hurrying feet, but with by no means equal steps. Bacteriology gives, in the first place, the strongest impulse to preventive medicine by defining the cause, and in many cases giving the power to control and modify at will the initial phenomenon of each morbid series. With these revelations of the nature of pathological processes, with these disclosures of the causes of disease, with these demonstrations of what I may call the mechanism of maladies, is it any wonder that the attitude of the profession to disease is vastly changed?

It is now time to ask how does this changed attitude affect the problem of medicine—that twofold problem, the preservation of health and the cure of disease. On the latter branch my distinguished colleague, Dr. Broadbent, will address you on Friday. To-day I want to direct your attention to the preservation of health by that prophylaxis which is the primary outcome of all those researches of which I have spoken. These revelations of the causes of disordered health make it increasingly possible for collective effort to be made successfully for prevention, where individual action is comparatively powerless. Influenced by this view, the State has legislated, as we shall see, more and more willingly as modern discovery has been able to suggest the methods and define the objects of preventive measures.

As long as medicine was a slave to the tyranny of theological ideas, or to the mastery of metaphysical explanations, little progress could be made. The shafts of the far-darting Apollo formed as hopeless an explanation of an epidemic as the possession by evil spirits taught down to mediæval times. From such notions nothing better could come than the pathetic isolation of the leper, or the organised system of separation called quarantine.

When the modern terror, in the shape of cholera, first came in 1831, legislative action could only begin tentatively. As Mead had suggested more than a century before, a central board of health was appointed to organise common measures for the public safety. Necessity has been well called the mother of invention, and in the same sense we may well call panic the parent of sanitation. Each invasion or threatened invasion has generated fresh legislative activity. On the accession of Her Gracious Majesty, the Statute Book was practically innocent of sanitary law, except the Quarantine Act. That many Acts have since been added, future historians will regard as one of the greatest glories of the Victorian era. The evolution of this legislation, slow at first, has proceeded more and more rapidly as medical science has created for it an intelligible basis. The movement began in 1842, when the late Sir Edwin Chadwick, who was the father of modern sanitary reforms, startled the world by a memorable report on "The Sanitary Condition of the Labouring Population of Great Britain." The Royal Commission which was appointed in consequence we may regard as the starting-point of State interest in public health. Once begun, the progressive movement, though often checked, has never been lost. The public responsibility for the unhealthy conditions in which the population lived was acknowledged once for all, and in 1847 Liverpool, to its honour, appointed the first medical officer of health in the United Kingdom. In the next year London followed with a similar appointment, destined to be of national importance, for it gave to the service of his country the great veteran of sanitary work, Sir John Simon. Another epidemic of cholera now occurred, and a General Board of Health was established by Parliament for five years. It was in this epidemic of 1848-49 that Dr. Snow began those inquiries which led to the discovery that the intestinal discharges of cholera patients were the means of spreading the disease. The contamination of the water-supply by this means was, in the epidemic of 1853 and 1854, again shown to be the explanation of what had been till then the mystery of the distribution of the pest. This famous discovery marks the first stage in the evolution of modern sanitation. There was now something definite to aim at. Purity of water-supply and efficiency of drainage became objects for which sanitarians and legislators could work together.

The General Board of Health appointed in 1848 was renewed in 1854 in a different form, and was continued year by year by renewal Acts till 1858. It is a melancholy reflection that, in spite of the important additions made at this time to our knowledge of the circumstances favouring the spread of epidemics, that the Legislature should have still been so blind to responsibility as to regard a department of public health as a temporary expedient. Even in 1858, when the duties of the Board of Health were transferred to the Privy Council by the Public Health Act of the year, Parliament was either so indifferent to, or so ignorant of, the importance of the Act, that it was passed for one year only. Happily the absurdity was recognised in 1859, and a perpetuating measure enacted.

The recognition by the State of its duty of maintaining permanently a department of health coincides with the next stage of sanitary evolution. There was now added to the general duty of maintaining purity of water-supply and effective drainage sure statistical evidence of the greater prevalence of disease in the localities in which these essentials were most defective. During the next few years the health department of the Privy Council carefully studied, by a system of special inspection, the local distributions of

[1] Croonian Lecture on Preventive Inoculation, by M. Roux.

disease, the food-supply, the housing, and the industrial circumstances of the people, for the purpose of building up a knowledge of the primary essentials of public health. In this work the public interest in sanitary progress was thoroughly kept alive by the striking lessons drawn from vital statistics by which the late Dr. Farr illustrated his invaluable reports.

In 1865–66 another cholera alarm intensified the public concern in health matters, and the Sanitary Act of 1866 made it the *duty* of local authorities to provide for the healthiness of their districts. Thus at last was won the long-delayed recognition of the great principle that the care of the public health is a chief duty of local government. There were at this time in this Association a number of men who had for many years paid great attention to State medicine, and who had, some of them, from the beginning maintained the principle laid down by Sir Charles Hastings in 1832, that one of the chief objects of the Association was the study of public health. Two of the foremost and most honoured of these, now no longer with us, were Dr. A. P. Stewart and Dr. Rumsey. Mainly in virtue of their action a Committee on State Medicine was appointed at Dublin in 1867, to act conjointly with a similar committee of the Social Science Association. One of the first results to follow was the nomination of the Royal Commission of 1868. The report of that Commission recommended the universal appointment of medical officers of health, and led to the concentration in one department—the Local Government Board—of nearly all the relations of the central government with the health of the people.

The great Public Health Act of 1872 embodied some of the recommendations of the Royal Commissioners, and provided for the universal appointment of medical officers of health and the complete sanitary organisation of the kingdom. This Act created our modern position, and, although it has proved disappointing in its working, it remains a monument of the wise constructive statesmanship of its author, Mr. Stansfeld. A return made the next year showed that, out of 1468 sanitary districts, over 1100 had appointed medical officers of health. As regards the recognition of the office, and the establishment of a universal connexion between the duties of the State as respects public health and the medical profession, this was a gratifying contrast with the single medical officer of health in the United Kingdom in 1847. On paper it seemed a result almost good enough for a quarter of a century's work. It was, however, not so satisfactory, on analysis of the returns, to find that, in spite of the encouragement given by the Local Government Board to the appointment of officers for large joint areas, only fifty-eight of the appointments required complete devotion to sanitary duties, and that in hundreds of cases there was only a nominal compliance with the Act. Although the Government estimates for the years 1873 and 1874 voted £100,000 to the part payment of sanitary officials, hundreds of local authorities declined the aid, and selected independence and inefficiency in preference to greater central control. The Act contained, however, as we can now see, the causes of its failure. In the first place it had attempted too much. The sudden and universal appointment of medical officers of health was more than the public intelligence was ready for, particularly in the smaller rural districts by which the appointments were allowed to be made. The Act, moreover, did not contain the powers by which the central authority could remedy defective local action and advise with commanding authority the petty boards that preferred independence to efficiency; and lastly, it made the great mistake of making the sanitary work of local authorities a *secondary* instead of a *primary* duty. In spite of these defects, the local authorities might have been taught that the highest function of local government is the care of the public health, if the central authority had exercised systematic and frequent supervision of local work.

It is mainly because this has not been done that we have at the present time both rural and urban districts in this country that in a sanitary sense are a disgrace to civilisation. In 1883, when a cholera alarm once more excited official activity, the Local Government Board started a systematic survey of the country. It was carried on for two or three years and then dropped. The system of isolation is the last great step in the evolution of public prophylaxis, and is a striking testimony to the influence of modern discoveries as to the nature of contagion.

Parliament has also shown by the Acts which it has passed during the last three years that it is more than ever alive to sanitary progress. The improvements in the qualifications and position of medical officers of health, and the provisions embodied in the Local Government Acts of England and Scotland by which County Councils in the future, advised by skilled medical experts, will superintend and protect the health of large areas, are satisfactory evidence of this. The measure passed last year for the Notification of Infectious Diseases is also a most important step towards a national registration of sickness.

It is a portent of great significance that measures which a few years ago would have raised a wide and wild outcry in defence of the liberty of the subject should now pass almost unopposed. It shows how strongly modern discoveries as to the nature and mode of propagation of infective disorders have captivated the public imagination. While the profession could only speak in general terms of filth diseases, explain their distribution by noxious emanations and miasmata, and rely on purity of water and drainage as the only preventive measures, progress was necessarily slow. Since our knowledge of the intimate nature of contagia has developed, isolation has been accepted as a public duty and provided for at the public expense.

It is on this willing coöperation of public representative bodies throughout the country that we base our hopes of sanitary progress. The day, I hope, is not far distant when that department of the Local Government Board, for auxiliary scientific investigations—instituted with such wise foresight by Simon, and carried on so ably by his successor, Dr. Buchanan—will be voted thousands instead of hundreds for its important work. Years ago it enriched the literature of preventive medicine by the labours of Sanderson, Creighton, Thudichum, and Klein. Of late it has well maintained its character by the original work of brilliant experimentalists, one of the ablest of whom, Dr. Wooldridge, we lately lost. It is not too much to hope that one day the nation, out of the superfluity of its wealth, will adequately endow a department for researches which bear so directly on the health and well-being of the richest as well as the poorest of her citizens. This year there are in England and Wales 1545 medical officers of health receiving annually nearly £100,000, but of these only 101, or less than 1 in 15, are health experts, in the sense of being free from practice and solely engaged in sanitary work. There is therefore much to be accomplished.

It seemed to me that if it was excusable anywhere to speak in this address on these topics, Birmingham was the place. Here the Social Science Association began its life under the presidency of Lord Brougham, and amid the congenial surroundings of a population eager for social reforms. Here, too, that Association closed a distinguished career, after having taken a noble part in winning the legislative advances to which I have referred.

The question, "Am I my brother's keeper?" has been answered in Birmingham in a spirit of true fraternity. Go and see, I ask you, how Birmingham takes care of its 1500 sick poor, and you will, I am sure, appreciate the wise benevolence that has raised this great medical monument of Christian charity. There is, to my mind, only one defect: everyone who is admitted is forced to become a pauper. I hope one day sickness and suffering will be sufficient passport, and that the benevolence which proffers the relief will not mar the sweetness of the gift by a condition which embitters its receipt. When that day comes, and the collective provision for the sick is made a public duty, many hospital abuses will be cured by the municipalisation of our charities. The isolation of infectious cases has already been put upon the rates without entailing pauperism, and our City Hospital contains some 400 beds. Thus these two rate-aided hospitals receive some 2000 patients, or between three and four times as many as are maintained in voluntary hospitals. In London a similar condition exists.

Some of you may say I began this address with philosophy and I end it at a workhouse—a goal which philosophy sometimes attains. I accept the criticism. It states a truth and it conveys a lesson. It is that lesson which I wish to impress upon my professional brethren—the immeasurable importance of even their highest scientific work to the well-being of the poor, and through that to the stability and prosperity of the State. We have in our ranks some 4500 Poor-law medical officers who are the daily bearers of succour to suffering thousands, and in many cases the only visible link between the rich and powerful State and the homeless and hopeless poor. In the daily

work of these 4000 doctors there reside greater potentialities for social progress than in any other class. To them is given the highest function committed to us by the Highest—the care of the suffering poor—and in the daily discharge of that holy task the vast hecatomb of human misery that civilisation piles up may be diminished and prevented. If it is not so prevented, decay will come upon us as a nation; for never yet have strength and stability been found in hoarded wealth, but only in the content and comfort of the poorest classes of the population. I want every parish surgeon, every practitioner among the poor—and thank God we all have poor patients—and every medical officer of health, to realise the nobility of the service he gives the State; and one day, I hope no distant day, the State will awaken to the value of such service, and recognise in the trusty dispenser of a nation's charity, or the wise saviour of a city's health, servants of the State more worthy of its honours than the successful soldier or the astute diplomatist.

But come this higher hierarchy of worldly honour soon or late, to men who do their duty in our ranks there will come one day the grander words of welcome and reward, "Well done, thou good and faithful servant; enter thou into the joy of thy Lord."

ABRIDGED REPORT OF THE

Address in Surgery,

Delivered at the Meeting of the British Medical Association in Birmingham,

BY LAWSON TAIT, F.R.C.S.EDIN.,
PRESIDENT OF MASON COLLEGE, BIRMINGHAM.

MR. PRESIDENT AND GENTLEMEN,—I do not know that there is any position in which one who practises the handicraft of surgery could feel a more weighty responsibility than that which I now occupy, and if responsibility is the best measure of dignity, I frankly acknowledge that there is no position in the whole wide world that could by any possibility be conferred on me which I should regard as a higher honour than that which I am about to try to fill worthily in addressing this great Association on the subject and object of my daily life. From the earliest time of which we have any historic record, mankind has ever been earnest and selfishly sincere in his efforts to diminish suffering, to prolong life and to cure disease. Generation after generation has made fresh efforts of its best and greatest in such directions as these, and ever and anon fresh victories have been won. That we have made mistakes, that we have had to confess that our favourite theories and some of our best established practices in one generation have become the flogging posts in the next, is but to confess that we are human. It is not necessary that I speak for the importance and dignity of our work, for that is admitted on all hands, even with full knowledge of our shortcomings. Humanity has on the whole a complete confidence in us, not that we are perfect, but as far as we are so approached we honestly do the best we can. It behoves us, however, from time to time to search out the innermost corners of our chambers, to rid them of all uncleanliness, and then to garnish them and to set them in order, hiding no blemish, but striving in all ways to the perfection of that noble work to which we have set our hands.

You have come to a great home of industry, the very paradise of the handicrafts. To look at the work, you may think that as little skill as exists in human sense would be required to cut an ivory nut into what they call blanks in a manufactory of buttons, but as you watch the patient workman for a few hours, and then think you would like to try to rival his skill, you take your place at the saw bench, and if you are not preternaturally skilful it will be only after sacrificing a few of your fingers that you find yourself behind him inexplicably in every conceivable way. You would then begin to appreciate the principle we all value here so much, for it constitutes the making of our factories—I mean the principle of the subdivision of labour. In such an apparently rough, and certainly very humble, employment as that of the cutter of the button blanks, which I have taken as my text, a few questions will help us to much thought, and the answers may excite in many of us solutions for problems which are now greatly exercising the authorities of our medical corporations. You will find that even the cutter of the ivory nut will prove to be a more docile apprentice and a more competent workman if he has had a good education before he enters the shop, such an education as we supply now in our Birmingham schools, in a fashion compulsory and almost free. I wish it were entirely free. The philosopher who asserts that liberal education will spoil the future craftsman is a mere bookworm, without a true knowledge of human powers. We further find that our button cutter must go through a long apprenticeship to accustom his eye to judge the nut, to avoid its faults, to accustom his fingers to the sense of resistance, and even his ear to the sound of the saw. Mere general education will do nothing of this kind for him, but the general training he has had will open his mind to the advantage of accuracy in all things, and so much the more receptive for the monotonous details of his work.

We may easily, and I think justly, apply these facts to the training required by our own handicraft of surgery. Everyone has something to say on this subject, and I do not see why I should refrain from expressing my views, especially when I find that the general course of opinion is running at the present moment on lines on which my own has always lain. A surgical craftsman must be a trained gentleman, accustomed by a classical education to use his native tongue with ease and fluency and without confusion. He must have the fundamental principles of reasoning and of business habits instilled into him by such mathematical training as will be involved in his being able to pass some one of the ordinary examinations now insisted upon by all the licensed bodies. If he can spare the time and money to become a graduate in Arts, so much the better. Up to this point we are all agreed. Our apprentice surgeon has now to enter upon his purely professional training, and to learn the constituent parts of the body and their functions, and here comes in our first difficulty. I for one desire to raise my voice in protest against the absurd attention to detail and the enormous waste of time involved in the present biological training of the surgeon student. Let him be grounded in every fact of anatomy which may, under the rarest and most unlikely conditions, aid him to appreciate the results of an injury, or a displacement, or of a new growth; let him be grounded in all such items of information concerning the ultimate structure of organs and their mediate and immediate functions, and the changes to which disease subjects them. Let him be placed so constantly alongside somatic sections that he will not only learn his anatomy, but that he will never forget it. Let him see things and think of them so often that he will, as it were, see through his patient as this man sees through his nut before he cuts it up. But I plead most earnestly that your successors shall be spared that senseless grind at useless details of anatomy with which our own young memories were burdened—details which he can remember only by a demoralising system of catch words—details which he prepares himself to forget the moment the necessity of examinations is over.

Still more strenuously I appeal that our student be altogether relieved from that senseless system of biological training which has set in as a fashion at Cambridge, at Oxford, and at Edinburgh. Not many years ago I attended a lecture on physiology given to medical students, which consisted in a explanations of a brass instrument resembling a model of Clapham Junction, intended to explain something about muscular fibre. I could not understand it, of course; I was too much of an old fogey, but I had this consolation, that when talking over it with my young friends who had attended the lecture with me, I found they could make nothing of it either, and it worried them as much as it had worried me. But there was a difference between us—it was demoralising to them, for it discouraged them, and small wonder! And how angry they must feel, when they come to deal with human patients and human disease, that all these nonsensical details are of no use to them—not even for the purpose of general training—when they find, in truth, that the time occupied in mastering such subjects has been absolutely thrown away. For students who are disposed to appear for a science tripos, or who have such a line of life open for them or the tendency towards it, who are possible professors of anatomy or biology, this kind of work is of course admirable; but of our medical students,

nine hundred and ninety-nine out of every thousand will have to find their positions at the bedsides of their fellow countrymen in times of accident and sickness.

I remember that we had to learn that the direction of the anterior cornu of the fourth ventricle of the brain ran a course which was backwards, outwards, downwards, forwards, and inwards, and we were enabled in the most improper way to remember these important facts by the word "bodfi." Has "bodfi" ever served any of you at the bedside? Is there any conceivable condition of human accident or ailment in which "bodfi" could assist you to relieve your patient? What I wish for our students is that they should go back to the institutes of medicine, and leave comparative biology to those who may be able to benefit by it.

Again let me remind you of the terrible task that we had to fulfil in committing to memory the names and relation, the ligatures and points of contact, of the bones of the wrist and of the ankle-joints. To me this task has never served in the faintest instance. If, unfortunately, I had ever to submit one of my limbs to a joint amputation, I should most unhesitatingly insist upon the selection of that devised by Mr. Syme. The other more fanciful methods of amputation, I believe, are too constantly condemned for very many reasons. Still, it may be that occasionally—perhaps ten times a year in the whole population of England—they are performed. For some specific reason they are not performed by surgeons in the country, distant from reference libraries and anatomical museums, and men who elect to perform such operations can in the course of twenty minutes or half an hour master the relations of these bones sufficiently to enable them to carry out the particular object they had in view. The question which occurs to my mind with great force is, Can the occasional performance of these somewhat eccentric proceedings justify the infliction of the senseless labour of committing all these special peculiarities of these bones upon every medical student who has to appear for examination? I cannot imagine that the committal to memory of these peculiarities can in itself constitute any kind of mental training, and I think the present system of anatomical education involves a gigantic waste of time and a much frittering away of serious mental effort. As these words were gathering themselves in my mind, I turned to a number of the Journal which had just appeared, and therein I found a most interesting account of "Modern Assistants," by "A Sufferer," the sufferer in question being a practitioner who had, by reason of his work, to employ a recently qualified young man as assistant in his practice. In language far more trenchant than I can possibly employ he gives a line of argument which I appreciate to the full, and he finishes what he has to say in these words:—

"But no reasonable person can doubt the superiority of modern methods of training over old-fashioned ones. Our fathers made their apprentices pay them for the acquisition of practical experience, while we, more liberally, subsidise medical tyros to gain experience at our expense. Our predecessors thought that much could be learned of art and something of science in the surgery of the private practitioner and by the bedside of his patients; we, more modestly, hold that the necessary science can only be taught at the hospital bedside, even when overcrowded by a hundred students, while art we practically ignore. But wisdom, after all, is justified of her children, and modern methods can proudly point their resultant—the modern assistant. In face of such a practical proof criticism is silenced. 'Of course you can vaccinate?' said a surgeon to a doubly qualified and newly fledged assistant the other day. 'No, I cannot,' was the reply. 'Of course, I hold the certificate of proficiency in vaccination, but I never vaccinated a baby in my life.' Could anything be more entirely satisfactory and excellent than this, or more reassuring?"

In the old days—days which I can remember—it was charged against the corporations that they turned out a large number of ill-educated empirical practitioners who knew nothing but their patients. Now, I say, the tendency is to turn out a still larger number, a very much larger number, of scientific young tyros who know neither patients nor their diseases till they have gone through a second pupilage extending for years after they have left their university. This second pupilage lies in the rough school of experience, and in its second training they will be found deliberately and at once to throw overboard at least two-thirds of what they have learned in the first. What the boy wants after his general education has been fully developed, and his fundamental knowledge of useful anatomical facts and physiological principles has been made perfect to the utmost of their extent for usefulness, and not one scrap beyond that, is that he should be dealt with as we deal with the cutter of blanks in the button manufactory. He should be put at once into contact with his material. I therefore vote cordially with those who demand the restoration of the apprenticeship system in such fashion as modern requirements indicate. It is of course no longer to be a seven years' slavery in mixing pills and spreading plasters, for the modern manufacturing chemist does all of that for us now, but it should be a period of at least two years spent in learning how to deal with patients.

The road to success in the practice of our art lies not only in knowing how to deal with disease, but how to deal with men and women while they suffer from it. Our biological practitioners have no experience of either of these lines of research, and they therefore fail miserably. I had to meet a most excellent and estimable practitioner of the old school in the north of England some months ago, and he told me that within a year he had had three assistants, all Bachelors of Medicine and Masters of Surgery from one of our most flourishing biological schools. "Sir, would you believe it," he said to me, boiling with indignation as he thought of the needs of his large colliery practice, "not one of them could put on a splint! and the third was such an ass that he used to lecture a collier's wife on how fishes lost their eyes in coal pits instead of supporting her perineum." I am speaking from a lamentable fulness of similar experience, and I feel that no other remedy is possible than that which I recommend, and the sooner we begin to cry out for it the better. Our corporations are deaf to our appeals upon such subjects, because their rulers no more understand the requirements of the general practitioner than they understand the Confucian system of philosophy.

The Council of the College of Surgeons is directing its system of examinations more and more in the ultra-scientific direction, and the demand of the Members of the College for a reasonable share of representation on the body which at present is the great manufactory of general practitioners of England is largely based on this preposterous blunder. As I read the questions put to the candidates at the College examinations, I wonder more and more how such a training as they involve can by any possibility suit men for the every-day work of country practice. The new scheme of the University of London under which the new University will be largely constituted by the two Royal Colleges will only go to perpetuate the mistake. With a spirit of selfishness which is inexplicable, this new institution is to be confined, so far as its government is concerned, to the eleven medical schools of the metropolis, including the School of Medicine for Women; and all discipline of education and control of examinations will rest in the hands of our metropolitan rivals. There will be, therefore, a constant struggle between those outside the charmed circle and those within its pale; and I speak for those of us concerned, as we are here, for a large and growing school, who will find ourselves greatly handicapped in the fight. But we shall not be easily beaten. We believe in teaching our students what they can best use when they enter upon their struggle for existence, and it is upon that kind of material we want to have them examined; we therefore propose to agitate without ceasing for a more direct representation of the body of the profession at those tables where the direction of medical education and medical examinations are controlled. Upon one point we are coming to an agreement, and that is a demand for the restoration of the practice of the apprenticeship. But I would carry it further. While the student is attending to this most important part of his training, he ought at the same time—and now I am speaking for those who have to follow the craft of surgery—to be taught how to use his hands. I should send him, so many hours in the week, into the shop of the village carpenter; and I should have him trained to use a saw, a chisel, a plane, and a skew, so that he should be able to make a long splint, if need be, as well as to put it on. And into the blacksmith's shop he should also go, till he knew how to strike properly with a hammer. Some of you may think this may be unnecessary; but if you could look with a workman's eye (as I can do, for I served my time at the lathe, the bench, and the forge) at a Fellow of the Royal College of Surgeons—I will not give his name, but you will

find him in every large hospital in the kingdom—who used a saw for the first time in his life in the amputation of a human leg, and see, as I can see, what a horrible mess he makes of his work, you will agree with me that a training in practical mechanics is just as necessary (I say it is far more necessary) for a man who has to operate upon his fellow human beings as is a training in anatomy.

The great difference between the man who starts his saw cutting from the point of the saw and the man who starts from the hilt is just as great as—I think it must be much greater than—the difference between the man who amputates a leg without any kind of knowledge of anatomy and the one who has such knowledge fairly perfect. During the two years that our student spends in this practical training for his after-life, he would unconsciously imbibe the fundamental principles of the scientific training which he would afterwards have to undergo; he would see for himself day by day the characteristics of wounds healing healthily, and how different they are from those of a wound indicating action the result of constitutional empoisonment. The meaning of these differences he would learn afterwards at his clinical school. At present he can babble about the theoretical causes of the changes, but of their real facts and phases of them he knows nothing. After his apprenticeship, as he heard in the academical rooms the explanation of the process of the healing of a bone, he could recall to his mind illustrations in the practice which he had already gone through, and the combination of the facts as he knew them, with their explanation, would impress the whole thing on his mind in a way to which at present it is a complete blank. As a matter of fact, at present in medical education the cart is being uniformly put before the horse.

Having now delivered my soul concerning the training which I believe to be essential for the craft of surgery, I fall naturally into the utterance of some words concerning the practice of the art, and I pause at the outset in absolute wonderment when I contemplate what has happened in my own lifetime. The year 1847 was the real birth-date of our work, when there first fell upon man that gentle slumber, anticipated in the beautiful legend of the Garden of Eden when Adam's rib was resected, but which was not brought into the region of actual fact till that memorable night in Queen-street when Simpson, Keith, and Matthews Duncan "were all under the table in a minute or two," to quote Simpson's own graphic description. What had gone before that time was mere groping in the dark, and what has happened since could never have been ventured upon but for that greatest of all human blessings—anæsthesia.

This, the greatest of all medical triumphs, at once broke down the barriers which had hindered the development of our art, and a vast change in surgical practice became apparent. Not only were the horrors of the surgical theatre banished, but the type of men who could and did practise surgery was altered—in some instances, though, not for the better. In the days before chloroform the man who "niggled" over an operation was avoided alike by patient and doctor. A man like Liston, whose manual dexterity is said almost to have approached the miraculous, had it all his own way. Syme returned from London to Edinburgh for many reasons, but no doubt chiefly because his comparatively defective manual dexterity was very apparent in contrast to many of those with whom he had to be in rivalry. He never could cut decently for stone to the end of his days, and, but for the aid of the chloroform of his greatly disliked colleague, we never could have had the splendid philosophical principles of surgery which Syme laid down. He never could have been the surgeon he was without the encouraging influence of an anæsthetic.

In fact, the history of this epoch of surgery is one of the most interesting there is, and I venture to say by far the most important. Indeed, it is only by reason that we are more or less all part of it that we do not see how overwhelmingly important the transition effected in the years 1850 and 1865 has been in the development of our art. In that time appeared men like Paget and Savory, who never could have been surgeons as Liston, Fergusson, and Miller were, but who lived, and mostly are living still, to fill a higher and more useful post. They became the surgical pathologists, among the first of whom in date we have to put Stanley, and now they are a goodly army. They have lifted us from mere handicraftship to something approaching a science—approaching the position of a science more and more every day.

But, in addition to this, probably the best result of the change effected by anæsthetics, another of great interest arose about the same time. With the possibility of human benefit came a huge extension of the number of cases not only of those suitable for the new work, but of those who could bring themselves to submit to it. Before the days of chloroform vast numbers of men died of stone in the bladder rather than submit to the torture of the operation. But nobody is now foolish enough to refuse to submit to it. Operations were comparatively rare, and they were made the subject of vulgar theatrical display.

This strange perversion survives even to this day, and it makes me often sad to hear of the anxiety professed by many of my profession to "see" some great surgeon perform some big operation—an operation which they themselves would never entertain a wish to undertake. Such performances, I think, ought to take place only in the utmost privacy, and be witnessed only by such as can really be benefited by observing them—that is, men who wish to engage in operating practice and are likely to have fields in which to fulfil their wishes. Of course there are some operations to be excepted from such remarks, and the real intention of what I have said must be clear enough to everyone.

I have said the number of cases for operation vastly increased after the introduction of anæsthetics, and with this increase it became perfectly evident that no one man could grasp the whole realm of surgical work. The subdivision of the work became inevitable, and the best and first example of this subdivision came in ophthalmic surgery.

I have not asked Sir William Bowman, nor have I inquired of Mr. Anderson Critchett concerning his distinguished father; I have merely gone to the old medical directories for dates, and I find the story told concerning these two men to be as follows. In 1850 Bowman was assistant-surgeon to King's College Hospital and assistant-surgeon at Moorfields; whilst Critchett was assistant-surgeon at the London and full surgeon at Moorfields. Bowman left King's College in 1862, and Critchett left the London in the following year, after a very short tenure of the full surgeoncy; and these dates are of the greatest interest, as they allow of just sufficient development of ophthalmic pathology by Helmholtz's great invention to have persuaded both of those of whom I speak that their true vocations lay at Moorfields, where they both remained till 1877, and that they could not well combine general surgery with their finer work on the eye. There are some of whom it would not be true, but as a rule it is now quite true that a man, to succeed in ophthalmic surgery, must practise it exclusively, and I fancy that any exceptions would go far to prove my rule.

In abdominal surgery nothing was really done, if we except the truly brilliant achievement of Ephraim McDowell, before the days of anæsthetics. It is true that in this country a few parovarian cysts were removed, and a still smaller number of very simple operations for ovarian tumours were completed; but there is little doubt that, whenever any serious complication was met with, the abdomen was promptly closed. No solid tumour was completely and successfully removed till that now before us fell to the hands of my valued old friend, John Day of Walsall, who was gathered to the majority only a few months ago. The greatest advance of all—the intra-peritoneal treatment of the pedicle by means of the cautery, in the hands of Baker Brown, giving a mortality of 10 per cent.—was the real starting-point of all our progress, and that proceeding would have been an absolute impossibility without the aid of an anæsthetic. Then came Spencer Wells, who, with his precise, methodical plans and steadfast businesslike habits, which have characterised all he has done, has established abdominal surgery as a distinct specialty.

As the practice of surgery has grown, so have the arrangements and provisions for its pursuit become enlarged and altered to suit the varying requirements. Great changes have been necessitated in our hospitals and in our medical schools—changes, again, to be traced directly to the inestimable benefit of anæsthetics. When I came to Birmingham in 1870, there was practically no hospital between Summer-lane and Stafford, or between Bath-row and Worcester. The towns round about us were supplied by old-fashioned dispensaries, where bronchitis was treated in the winter and diarrhœa in the summer. Serious accidents and important surgical cases were all jolted into the General and Queen's Hospitals. Old John Burton of Walsall, aided by Sister Done, had just begun to show, in

1870, what a cottage hospital could do. Now we have not only cottage hospitals innumerable, but we have palatial receiving houses for accidents and urgent cases at Dudley, West Bromwich, Walsall, and Rugby, and many other important centres. These local hospitals would do credit to any community, and the surgical practice in these institutions is quite brilliant, as many of you know. We have now in our midst a Hospital for Diseases of the Eye superior to anything of the kind, and its four surgeons, engaged exclusively in special work, are not excelled in the excellence of their results throughout the wide world. Here, more than anywhere, can be seen the triumph of anæsthetics, for not one of our modern advances could have been accomplished without them. Jean Louis Petit planned and described in detail the method of curing the troubles of gall-stone in 1745, but they could not be carried out till our patients were soundly under chloroform.

In dealing with the third division of my subject, I have less clear ground upon which to go, and I fear I must depend more upon what I wish were the facts than upon what can be actually shown in their present existence. But I sincerely wish that we had better surgical results than we have; I wish we knew more exactly what they are; and, most of all, I wish that we could go about establishing them in a more logical fashion.

It has often been said that the greatest of the gifts of God which take the form of genius—I mean oratory—is the most potent of all for immediate effect, but most transitory for fame; and so it is with the sister histrionic art. The dead printed matter (all that we have left of John Bright) gives not the slightest idea of the great artist he was. The phonograph may alter all this, and the orators of the future may enthral audiences as much as the skill of Leonardo captivates you in the chapel at Milan just as it could have done four hundred years ago. We have no such promise for the fame of the surgical artist, for he and his handiwork perish alike, leaving nothing but the bald and printed statement of cases. The limner's work lives almost for all time. We have only one comfort. In the days which Edward Bellamy predicts, and for which William Morris pines, the limner and the surgical artist will be the only highly paid craftsmen, for their art will remain something unapproachable by mechanical contrivance. This may be or may not, but it is a compliment of no small excellence that so great an authority ranks our craft so high.

In the results of our work we have much more cause for congratulation, but I would rather look on the other side of the fence and wonder if they could not be improved, even with the methods we have now at work. For the last twenty years we have first been opposing a great theory; then we have been accepting facts on which it was based; then we have been rushing into violent and illogical enthusiasm about it, only at the end of all to throw doubt and dispute on the whole field. I confess I always doubt surgical theories, just as I doubt all theories of art. No school of art which started on a theory has ever made a lasting impression. Our surgical theories never lead to anything; not even the great antiseptic theory has led to any tangible result beyond what every housewife knew before its day—namely, that dead, moist organic matter will decompose if some agent or other gets to it. We know now the exact nature of this agent, but this is a new fact, not a new theory. The theorists forget that living tissue will not decompose under the access of the same influences—influences, indeed, which surround us at every moment of life, and pass by harmlessly. Now the theorists take a lingering farewell of their lost darling by saying, "Well, at any rate, it taught us cleanliness." As a matter of fact, the very reverse of this is true, for it was the arguments of those who opposed the antiseptic theory which demonstrated the successful cleanliness. The last phase of this discussion—I sincerely hope the very last—is the antiseptic accoucheur who pleasingly fancies that both his theory and his practice are new, whereas in matter of fact Semelweiss literally died for them nearly thirty years ago. No more instructive reading can be indulged in than a brief monograph which has recently been issued concerning the history of this truly great man—a man so great, that I think he deserves to have erected to his memory a statue in every civilised country. Semelweiss had no theory; he simply stated the fact that puerperal women in Vienna were poisoned by dirt. "Wash your hands," he cried, "and the women will not die," and his colleagues ruined him for his frankness. But he persuaded the world he was right. Simpson took up the fight with his accustomed vigour, and carried it through; and now, forsooth, we hear of the antiseptic theory as applied to midwifery being a new thing.

What is wanted for the improvement of our surgical results is not any more theories, but better work and better systems of working, preceded by better systems of training. We forget that an art like surgery cannot be acquired by passing examinations. It is true that examinations admit to our academy schools in art, but they are merely for the purpose of selecting candidates upon whom it is likely that benefit will arise from the teaching which there can be obtained. Surgical art is not conferred upon the successful candidates by the College of Surgeons' parchment for the Membership, still less by that for the Fellowship. Like all arts, surgery requires some indescribable gift, easily recognised and appreciated when seen, but wholly incommunicable by diploma or otherwise. With that gift the art may be acquired by persistent labour, but without the gift the labour is hopeless; and that this fact is being recognised in all our large centres of population, even in the close hospital corporations of the metropolis, is one of the most hopeful signs for better surgical results. Another hopeful sign is the demand for complete and accurate statements of results. Public attention is now being drawn very largely to the question of hospitals in general, and a most wholesome rivalry is being established upon the question of results. So much is this the case that grave suspicions are being entertained regarding all institutions who neglect or refuse to publish their results. I remember very well, when engaged some fifteen years ago in writing a book on hospital mortality, that I asked a large metropolitan hospital to furnish me with the facts of their amputations for a period of sixteen years. The hospital was notoriously reticent upon all such questions. The medical board answered my request by a resolution that it was not expedient to furnish me with the information required. I replied that if they did not furnish me with what I wanted within a month, I should publish their resolution in *The Times*, and, as this hospital was entirely dependent on annual subscriptions, they reconsidered their decision. Their amputation results were ghastly; probably they did not themselves know how bad they were. Publication of these results had a marvellous effect, for now the same hospital has an amputation mortality of less than one half what it was sixteen years ago.

To Sir Spencer Wells is most undoubtedly due the credit of putting the publication of surgical results on a businesslike basis. When the results in abdominal surgery, which began to be obtained about twelve years ago, were first published, they were so amazing that the favourite criticism of them was that they must be lies. This sort of thing at first was very irritating, and used to make me very angry; but for many years past I have ceased to trouble about it, and the incredible things of eight or ten years ago are now matters of every-day experience.

Another great advance required is the division of logical plans in recording and classifying the results and also the adoption of reasonable methods of conducting the investigation. For example, no one would now, in making a research on the mortality of amputations, arrange his figures without a careful separation of amputations for accident and those for disease, and a perfect arrangement of the cases according to the limb affected and the point of amputation. But until Simpson pointed out the necessity for such divisions, the importance of them was not clearly understood, certainly was not fully admitted. Arising out of a matter so simple as this there are, there must be scores of points which require settlement, yet no serious attempt has been made even to indicate what such points may be. It may be, for instance, that one particular method of flap-making will suit primary amputations better than another, and a point so important could be settled in twelve months by a simple agreement amongst a group of hospitals and their surgeons. Let one set of men work steadily at one method for one class of cases, and another set at another method, and the statistical laws will be found faithful to the truth, as they ever are when the figures are large enough. Instead of adopting a method like this, our present method is that when such a point is raised for discussion surgeon after surgeon rises and gives vent to vague impressions, which he is pleased to elevate into the name of opinions. The fact is that everyone has been trying all the plans in a disconnected, illogical way, from which truth never can be evolved. One

of the many things I admired about Tom Keith was the religious way he stuck to the cautery in treating the ovarian pedicle. Nothing could shake him. I was equally obstinate in my adhesion to the silk ligature. The result was that when we came to compare notes after many hundreds of ovariotomies, we found that, so long as the bleeding from the pedicle is effectually stopped, and the pedicle carefully dropped back into the peritoneal cavity, it does not matter a pin how it has been treated; and that, I venture to say, is a surgical conclusion, not only of the utmost importance, but one which never can be controverted. The so-called discussion on special subjects which are now fashionable at our annual gatherings illustrate well how utterly futile our present method of research is. Take the case of the kidney. We have half a dozen men discussing such a question as that of removing a suppurating kidney as a primary operation or subjecting it to a primary drainage, and when you have heard all that they have to say, you are no wiser on the subject. But if four men would subject all their cases to one method, and four others would confine all their work to the second method, within five or six years the question would be definitely and finally settled. The latest instance of this kind is the question of lumbar *versus* inguinal colotomy, concerning which I am certain that the shield has a silver as well as a golden side, and that our present method will never enable us to differentiate the two metals.

It may be urged against my proposal that such a plan of research would hamper liberty of action, but I answer that our present liberty of action is not wise; indeed, it is not liberty at all, but licence. Let me take a personal case. It is well known that I adopt a special method of treating uterine myoma, and that there is a rival in the field in the shape of the electrolytic method. It is a charge also against me that I will not try the electrolytic method—a charge to which I readily plead guilty—and for this conduct my defence is simple. I say that no logical and complete conclusion can be arrived at by everybody treating everything in every kind of way. Having opened out a continent, I want to know all about it. I pursue, therefore, all the windings of its rivers, and I measure the heights of all its mountains, and I give you the results of my ten years' wanderings. Let the electrolycians do the same, and then you shall be the judges, not upon men, but upon principles. Meanwhile I am sure, in the interests of our art, that it is better that I should continue my research in a logical fashion, unhampered by qualifications which would make a just conclusion on your part an absolute impossibility, and which would lead to nothing in my own mind but confusion.

On the other side of this most important question lies another grave source of error, which is too true of our research into surgical results, though it is far more extensive in its results in general therapeutics in the practice of medicine. No sooner is a new drug placed on the market than everybody rushes to try it. At first all is well, and "rubbishin" is good for everything. Then come a few isolated hints about the "toxic effects of 'rubbishin,'" and finally "rubbishin" gets dropped altogether and we hear no more about it. It is positively awful to think of what some of these new drugs—say chloral, for instance—may have done before they got settled. For the mischief that is done in this way the public is largely to blame—if, indeed, it is not wholly to blame; they like the idea of a new discovery, especially the upper classes, and I am told by men practising near the dwellings of the princes of the land and at fashionable watering places that the great burden of their lives is to keep up with the new drugs and the new dodges. For my part, I instinctively distrust men who are always going in for new drugs, and, for myself, I will have none of them. In our surgical results there is too much of the same thing. Take the case of Dieffenbach's operation for squint, a most useful proceeding judiciously applied over a limited area. But I remember the time when every urchin with a squint was collared in the street and walked into the operating room to have one rectus divided in order that its opponent should have full power to swivel the eye out in the opposite direction. Everybody was "doing squints." Similarly, when removal of the uterine appendages was proposed, but long before the just and true principles on which it is now based could be formulated, everybody rushed into the trial of it, and the result was a disastrous epidemic, the chief burden and discredit of which fell upon me. I was more horrified than I can tell, and much of my time was taken up in disclaiming the doubtful honour of what was called "Tait's operation," in the performance of which every principle advocated by Tait was neglected, or deliberately outraged. If the men who engaged in this work had waited for a reasonable trial, a fair discussion, and a just verdict, much discredit for our art would have been spared us. The just verdict has now been arrived at, and the misrepresentation of which this operation was the centre has now ended. But the example is a very telling one in illustrating the want of logical application in our present method of research upon surgical results.

This vast and powerful Association could accomplish almost anything it wished after determining that it was for the good of the world, and after a reasonable method was pointed out for its accomplishment. We tried an expensive experiment in the way of a collective investigation, but from intrinsic reasons it was a failure. The fact is that its plan was lost in diffuseness and defeated by the machinery involving a vast number of contributors—in fact, to increase the means of success involved the very essence of increase of risk of failure.

If you want a thing done well, you must either do it yourself or trust it to a very small number of workers. I do not think it would be too much to ask our Association to place every new drug and every proposal for a new surgical proceeding under the observation of a small responsible committee, whose judgment should precede anything like a wholesale experiment by the professional public at large. This step would certainly clear away a vast amount of rubbish, and would direct more extended research into definite lines, instead of the indefinite and haphazard roads it now runs upon in almost every instance. And I cannot help feeling it would prevent us doing the great deal of harm which is now done in the early stages of even our best proposals.

FRACTURE OF THE NECK OF THE THIGH-BONE.

By PROFESSOR HUMPHRY, F.R.S.

I HAVE been requested to publish some remarks I made at a recent meeting of the Cambridge Medical Society, when showing specimens, one of which had been sent by Mr. Balding of Royston. The specimens are all in the pathological museum of the University, and they show the following.

First, with regard to *fracture within the joint*—i.e., *intra-capsular fracture*.—1. It commonly occurs at the narrow part of the neck, near the head, a more or less jagged splinter of the under part of the neck being broken off with the head. 2. The investing fibrous and synovial tissue is usually torn through in front, thus exposing the fracture to the joint, but remains untorn behind. This is due in great measure to the neck of the bone being slightly convex and rough in front, and to the tissue being closely connected with it here, whereas the bone is slightly concave and smoother behind and less closely connected with the investing tissue, which is somewhat thicker here, and less easily torn. This untorn tissue, together with the capsule, prevents much displacement at the fracture and much shortening of the limb from taking place. 3. The portion of the neck projecting into the joint, between the fracture and the trochanters, usually undergoes absorption, which process begins soon and takes place rather quickly, and proceeds often quite to the level of the base of the trochanter. The trochanteric surface thus exposed becomes smoothed by interstitial bony deposit in its cancellous texture, and, being approximated to the fractured surface of the head, may become united to it, in some cases firmly, by fibrous tissue. That the absorption of the neck does not invariably occur was shown by a specimen in which there were evidences of fibrous union having taken place near the middle of the neck. It does not affect the part of the bone lying on the proximal side of the fracture, for the head of the bone with the splinter from the neck on its lower edge remains little altered. The cause of this absorption of the outer fragment of the neck is not quite easy to give. Possibly it depends upon the part being subject to pressure and friction from movement; whereas the inner part, quietly ensconced within the acetabular cavity, is free from these exposures. 4. The cause of failure of bony union when the fracture is within the joint or intra-capsular, is due, I believe, primarily, to the

fact that the plastic and cell elements which should form the medium of union are not retained *in situ*, but escape into the joint and are lost; and, secondly, to the circumstance of the inner fragment being retained in the acetabular cavity, while the outer fragment is displaced from it, and, as we have seen, becomes absorbed. If, however, it be not displaced, and if the fractured surfaces remain in close apposition, especially if they be in any way impacted, bony union will occur. This was demonstrated by a specimen from a gentleman, aged eighty, treated by Mr. Wherry with every precaution to prevent movement. There was three-quarters of an inch of shortening, the trochanter was approximated to the spine of the ilium, and there was utter helplessness of the limb. In six weeks the patient could raise the limb from the bed, and he was subsequently able to bear his weight upon the limb. A year after the accident he died. There is only a little shortening of the neck. The head is somewhat below its proper level. Solid bony union has taken place in the anterior half, so that the line of fracture can scarcely be traced; whereas in the posterior half the union is fibrous only. The latter shows the line of the fracture to have been near the head. The cause of the union being bony in the fore part and fibrous only in the hinder part is not quite clear, and it cannot be determined whether the fibrous and synovial investment of the neck had been torn in any part or had escaped lesion.

Secondly, *with regard to fracture on the outside of the joint at the base of the neck, or extra-capsular.*—In this case the trochanteric part of the bone is often broken into several fragments, being riven to pieces by the base of the neck forced wedge-like into it; and the neck may be fixed or impacted here. It is not, however, of much consequence whether it be so or not, for firm, commonly bony, union almost always takes place. There is, indeed, nothing to prevent union. It resembles an ordinary fracture in cancellous bone; and, as we know, fractures in the cancellous parts of the skeleton unite readily. There are many specimens in this and other museums in which bony union has taken place, and in some of these there is a large amount of surrounding callus. One specimen was shown in which union has failed, in consequence, it may be inferred, of want of rest, for there is a considerable quantity of callus forming a large cup in which the base of the neck is loosely enclosed. The time of life at which the accident occurs does not make much difference, for, as I have shown elsewhere, fractures unite and wounds and ulcers heal as well in the old as in the middle-aged, and sometimes more quickly. Indeed, I am daily more and more surprised at the recoveries of the aged from illnesses as well as from accidents.

The *practical inference* is that, forasmuch as the extra-capsular fractures commonly unite well at all ages, and the intra-capsular occasionally do so by bone or by fibrous tissue, and forasmuch as it is not in all cases—indeed, in many—easy to tell precisely the position of the fracture, it is wise in all cases, unless there be some special reason to the contrary, to adopt such treatment as is most likely to promote union. The case should not be given up as hopeless, as is too often done because it is an old person and a fracture of the neck of the thigh bone, and the limb be allowed to fall about or be merely tied on a pillow. A long splint, if it can be borne, should be applied, well padded and with soft bandage, so as to ensure quiet at the part, whereby comfort will be afforded, but not so tightly as to gall or annoy; or a shield of gutta-percha, which, if well managed, is a very good material for such purposes, or of some similar substance, may be adjusted, all proper precautions as to bed-sores &c. being taken. In this way much relief will often be given, good bony union may probably take place, and the patient in a few weeks be able to move about again.

Cambridge.

THE MINERAL WATERS AND BATHS OF TATZMANSDORF.

BY J. EDWARD SQUIRE, M.D. LOND., M.R.C.P.

DURING a recent visit to Vienna I had an opportunity of inspecting some important chalybeate springs at Tatzmansdorf—a health resort well known in Austria and Hungary, and deserving a more widespread reputation.

Tatzmansdorf (Hungarian, *Tarcsa*) is situated in the province of Eisenburg in Western Hungary, close to the borders of Styria and Lower Austria, almost due south of Vienna, and about the same latitude as Lucern. It can be reached from Vienna by the Southern Railway (*sud bahn*) to Steinamanger, from which town a branch line to Pinkafeld has a station (Oberwarth—Hungarian, *Felsö-cör*) within a mile or two of the baths. At present this line is new and the trains slow, so that the journey from Vienna takes nearly eight hours; but this could be shortened by a couple of hours when a quicker service of trains is instituted. When the Steinamanger-Pinkafeld line is extended to Aspang the baths will be brought into closer connexion with the direct line from Vienna to Trieste, and will then be easily reached from Venice and the north of Italy. Tatzmansdorf lies in a pretty valley, 1100 feet above the level of the Adriatic Sea, sheltered on three sides by beautiful wood-covered hills, and open towards the south. It is thus protected from the cold winds, whilst its elevated position prevents it getting oppressively hot even in midsummer. The season lasts from the middle of May till the middle of September, and the latter part of September is often very warm and bright. The temperature during these months is remarkably equable, though the evenings are cool in the hottest weather. The hills sheltering the valley are the eastern spurs of the Noric Alps, and are largely composed of primary rock, represented by crystalline schist covered with tertiary deposit, with gravel and alluvium in the valleys. The valley itself is about half a mile to a mile across, with low hills on either side, mostly cultivated and topped with fir woods. Similar valleys run almost parallel with this one, the hills diminishing in size towards the south and east, whilst to the north-east they increase till the mountains of Styria bound the view. The northern end of the valley appears to be completely blocked by a succession of wood-covered hills rising one behind the other. Not only at Tatzmansdorf, but also in the neighbouring valleys, numerous mineral springs are found. Those at Tatzmansdorf have long possessed more than a local reputation for their medicinal qualities, being mentioned in a guide-book to Hungary printed at Nürnberg in 1686. At present two springs are chiefly used, both for drinking purposes and for baths. These are named the Karlsquelle and the Maxquelle. The waters of these springs are similar in their character, and only differ somewhat in the proportion of their constituents. They are saline carbonated waters, and contain iron with small quantities of bromine and of lithia. The chief saline constituents are Glauber's salts (sulphate of soda), chloride of sodium, and bicarbonates of soda, magnesia, and lime. The proportion of iron in the Maxquelle is more than twice as great as in the Karlsquelle, but both have a distinctly chalybeate taste. The large amount of free carbonic acid in both waters—apparent in the bubbling of the water as it rises in the well basins—makes them sparkling and fresh. The absence of organic impurities is a marked peculiarity of both waters. To the taste they are slightly saline, and by no means unpleasant, and mixed with red wine they make a pleasant drink. The water is bottled for export at the springs. The quantity of iron contained in the waters has gained for Tatzmansdorf a reputation for the treatment of anæmia and chlorosis; the saline constituents are sufficient to prevent any constipating effect from the iron.

The arrangements for baths, which form an important part of the course for visitors, are very complete. Every patient who comes to the baths to undergo a course must on arrival see the physician (*Bade-arzt*), and there receives a card stating the number and kind of baths, the time at which they are to be taken, the temperature of the water, and the length of time to remain in the bath; also the quantity of water to be drunk daily, and from which spring. Outside each bath-room is a card showing for which patients the bath is reserved and the hours at which each bathes, so that the attendants may know exactly how to carry out the physician's orders. There are two classes of bath-rooms—first and second-class—differing in their price and accommodation. The first-class bath-rooms are large, clean, and convenient. The tiled bath is sunk into the floor and is entered by steps. There is also in each room a horizontal and a vertical douche and a shower-bath. Every room has also an electric bell, by which the attendant can be communicated with.

In addition to the mineral waters, "Moor-erde" is found in large quantities, and is used for mud-baths (*Moor-bäde*), such as those employed at Franzenbad and Saltzburg. This "Moor-erde" is a blackish or brownish peat earth impregnated with salts, which is found in many places about a metre below the surface, and in layers of one or one and a

half metre thick. In the gravel below this the mineral springs are found, the water coming up at a temperature of 54·3° F. The moor earth is dug out and allowed to stand in heaps exposed to the air for some weeks or months before use; the remains of roots and other hard substances are removed, and the earth broken up or pulverised. When required for a bath, it is well mixed or "puddled" with warm mineral water from the springs in a large wooden bath on wheels, until the bath, which is about 2 ft. 6 in. deep, is nearly filled with a black semi-liquid mud, with a temperature of about 38° C. or 100° F. The bath is then wheeled into a small chamber attached to the bath-room, and the patient sits up to the neck in this for from ten to twenty minutes, according to the directions of the physician. He then washes off the mud with some clean water, and steps into a warm mineral bath, after which a douche or shower-bath completes the process.

The Kurplatz has gravel walks under trees running through the grass, and a gravelled promenade round the band-stand, where Hungarian music can be heard every day in the season. On the one side are the bath-rooms and offices; the front on to the road is a covered arcade, with the Karlsquelle in the centre, which leads from the living rooms on the one side to the reading-rooms and baths on the other. On the opposite side of the road is the Park, which is prettily laid out in the English style, and ends in a wood on the side of the hill, where good gravel paths form pleasant walks in the shade. All the roads in the neighbourhood are good, and walks and drives form the chief occupation of the visitors. In whichever direction one goes the scenery is pretty, and walks in the woods can be taken by the more robust, whilst the castles of Bernstein and Schleining, or the old church at Mariasdorf, are objects for longer excursions by carriage. Count Karl Batthyany also allows the visitors to Tatzmansdorf to wander as they like in the small but pretty park attached to his Castle of Jormansdorf, within a mile of the baths.

The class of patients most benefited by a visit to the baths of Tatzmansdorf is largely represented by those suffering from the special ailments incidental to the female sex—uterine displacements, dysmenorrhœa, chlorosis, &c.; and the iron in the water attracts many anæmic subjects, who benefit by the baths and fresh air. Cases of hysteria are said to derive considerable advantage from the course; and dyspeptic patients are also benefited. The mud baths, in addition to their use in female complaints, are useful for various forms of rheumatism in either sex.

A comparison of the analysis of the waters of Tatzmansdorf (which is given below) with those of Franzenbad shows that the waters of the two places contain the same constituents, though their proportion is different, not only when the two baths are compared, but also in the different springs in the same locality. Tatzmansdorf water contains a large proportion of bicarbonate of soda, which constituent is not found in that of Franzenbad. The great difference between the two waters is in fact that the Franzenbad waters contain more of the sulphates and chlorides, whilst the Tatzmansdorf waters are much richer in carbonates, amongst which is found a very considerable amount of carbonate of lithia. Bromide of sodium is found in appreciable quantities, and there are also traces of the iodide. We have, then, in the Tatzmansdorf waters an important mineral water and a valuable addition to our list of medicinal springs.

Analysis of the Waters.

10,000 parts contain:	Karlsquelle.	Maxquelle.
Sulphate of potash	0·7352	0·7378
,, ,, soda	5·3476	7·0272
Chloride of sodium	5·2295	5·6169
Bromide of sodium	0·0298	0·0204
Bicarbonate of sodium	12·7748	12·5285
,, ,, lithia	0·0794	0·0534
,, ,, lime	16·7957	14·6600
,, ,, magnesium	6·4899	6·9850
,, ,, iron	0·1106	0·2770
,, ,, manganese	0·0227	0·0285
Free carbonic acid	23·1779	16·3262

Small quantities of strontium, barium, aluminium, silica, biborate of soda, phosphate of lime, and iodine.

Harley street, W.

VOYAGING FOR HEALTH: A CONTRIBUTION TO THE THERAPEUTICS OF THE SEA.

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ALTHOUGH sea voyaging has come into vogue so much of late years for the treatment of various diseases, and numbers of patients are annually sent the Australian voyage, the curative effects of the sea air and ship life appear to be only slightly understood. Owing to this lack of knowledge of the therapeutics of the sea, medical men are constantly sending away from their homes and family surroundings numbers of patients so far gone in disease that there cannot possibly be any hope of even a temporary cure. Every other branch of therapeutics has been worked at to some extent but this; and, excepting stray papers scattered here and there through the medical journals, and a few chapters in Wilson's "Ocean as a Health Resort," there does not appear to be any special work on this subject. Hence the ignorance that prevails not only amongst general practitioners but even amongst those shining lights of the profession, the London consultants. Now, however, that the large passenger ships require their medical officers to be not only doubly qualified, but also to have held house appointments at one of the leading hospitals, a better class of men go to sea, and the profession may expect to get from time to time valuable contributions on the therapeutic value of sea voyaging.

As I purpose giving in this paper some account of the Australian voyage, it may be as well to state briefly in what it consists. The ship in which I have gained most experience is the well-known Australian liner *Sobraon*, owned by Devitt and Moore of London, but usually chartered for Green's Blackwall line. The *Sobraon*, the largest sailing passenger ship out of London, has been many years in the Australian trade, and is specially prepared for persons wishing to make a long and pleasant voyage. She has wide roomy cabins, a very large well-ventilated saloon, an extensive quarter-deck, and carries a numerous staff of servants. The *Sobraon* only makes one voyage in the year, usually leaving London in the autumn, going south with the sun, and making the high latitude passage to Australia, thereby escaping the great cold of the Southern Ocean. Arriving in Melbourne about Christmas, she stays there seven or eight weeks, and returns by way of the Cape of Good Hope. She usually remains at Cape Town for a week, calls for a few days at St. Helena, sometimes at Ascension, and arrives in London about the beginning of June. The voyage is arranged altogether in the interest of the passengers, consequently they are never subjected to any cold weather. The average temperature throughout the voyage was over 60° F., and there were not more than ten days in the eight months that the passengers were not able to enjoy themselves on deck. On the homeward voyage, especially, the weather was delightful. Between Australia and the Cape there was only one rainy day. "Bright and warm," "Fine bright day," are the entries in my log for weeks together. The smooth seas and the steady trade wind make it more like a yachting voyage than anything else. And then the monotony was broken by the various tournaments and contests going on in the different games, by the concerts, the plays, and the dancing which was indulged in nightly. People who have not had the experience of a voyage in a large, well-equipped ship like the *Sobraon*, with an experienced and courteous commander and officers ever ready to make things pleasant, can scarcely realise what an agreeable and easy holiday may be spent in voyaging for health. On this last voyage we sailed from Plymouth on a cold, misty October morning, but once out on the open sea the ship was bathed in sunshine, and our voyage began under happy auspices. There were over a hundred passengers on board, ranging in age from the baby in arms to the octogenarian. The larger number were or had been suffering from pulmonary disease—phthisis, pleurisy, pneumonia, bronchitis, emphysema, asthma, &c.; a considerable number from anæmia, general debility, and nervous exhaustion; several from uterine disease and hysteria; a few from renal disease; and the remainder from such diseases as epilepsy, Hodgkin's disease, cystitis, chronic

alcoholism, cutaneous disease, &c. It will be gathered from this that there was plenty of scope for observation, and that, as I very soon found, the post of medical officer was not a sinecure. Until we got across the Bay of Biscay the weather was unsettled, and there was in consequence a good deal of sea-sickness; but sea-sickness on board a large sailing ship is quite a mild affair in comparison to what it is on board the large steamers, where the smell and rattle of the engines, together with the maddening revolution of the screw, continually irritate the already much depressed and irritable invalid. Most of the cases got well quickly without any treatment, except an effervescing saline aperient. There were, however, a few very obstinate cases, and for these I tried the various methods of treatment recommended. Some were treated by rest in bed, and small quantities of food at short intervals; others had pressure applied to the epigastrium and counter-irritation; some were encouraged to walk about, and accustom themselves to the motion of the ship; while others were ordered the fresh air of the deck in the recumbent position. I tried, I think, almost all the drugs supposed to have a curative effect in sea-sickness: bromide of soda, antipyrin, cocaine, bismuth, effervescing alkalies, arsenic, and ipecacuanha in minim doses, ammonia, brandy, &c.; but they were all of no avail. Hot water sipped at short intervals gave a little relief; but the only treatment that had any decided success was rest in the recumbent position in the open air, with teaspoonful doses of champagne and small quantities of cold arrowroot alternately every fifteen minutes. People who were very bad, and had not taken any food for days, soon recovered under this treatment, and evinced enormous appetites. One or two of the young men appeared to be very prone to sea-sickness, and were hardly ever without nausea, yet they ate well, and increased in weight and strength. One of these was so subject to the malady that, after our arrival in Melbourne, having been at sea for nearly three months, he got sea-sick going on shore in a small boat. For such a case I am inclined to think there is no remedy. I invariably found that the greater the strength of mind and the stronger the effort made to throw off the sea-sickness, the quicker the person got well. I was much struck by the fact that the more advanced patients were in consumption, the less they suffered from sea-sickness. The very worst consumptives on board were not sea-sick at all.

In less than a fortnight after leaving Plymouth, although we had had head winds all the time, we were on the edge of the trades and the tropics. Now everyone spent the greater part of the day on deck under the awnings enjoying the delightful bracing air and the warmth. It was a truly delicious time. The sun was never too hot; even on the equator the highest temperature reached was 83°F. in the shade. The cool north-east trade wind blew so steadily that for days together there was little or no motion of the ship. Even the worst of the invalids spent the days on deck, being carried up by the stewards and stowed comfortably in snug corners. By the time we had got across the Bay of Biscay I had a good knowledge of all the invalids on board; and very bad cases some of them were. Several of the consumptives who had been sent away by their medical advisers as their "last chance," were too far gone for any hope to be entertained of their even reaching Australia. One man had come from Edinburgh. He had suffered from phthisis for two years, and was in the very last stage of the disease. He had not a scrap of healthy lung left, and was suffering from tubercular pleurisy; his liver was enormously enlarged, and urine almost solid from albumen. He had ascites, œdema of the extremities, afterwards complete anasarca, profuse night sweats, and persistent diarrhœa. And this poor man had been sent a sea voyage with the hope that he might be in some measure rehabilitated. Another man had come from Norfolk. He had developed phthisis a year previously. "I am very anxious about X., whom I am sending to Australia in your ship," wrote his medical adviser, "he has suffered with phthisis for some time, and the right upper lobe of the lung is very extensively diseased." When I first saw this patient a day or so after our departure he had a temperature of 101°F., a bad cough, much purulent expectoration, profuse night sweats, diarrhœa, and was losing flesh rapidly. There was one case, a man still suffering from hæmoptysis when he came on board. He had a slight cough, with sanguineo-purulent expectoration, in which I found lung tissue. At first I was very anxious about him, but towards the end of the voyage he picked up wonderfully, put on flesh, got much stronger, and appeared to be, when I saw him off to Sydney, in a much better condition than when he left London. This man's temperature was never abnormal, and he had no night sweats—matters of great importance, as I shall explain later on. The cases I have narrated were types of the worst class on board. There was another class, who had been sent away under the impression that their lungs were only "slightly touched," their medical advisers—in most cases London consultants—not deeming it right to tell them the truth about themselves. Some of these people had no appreciable pulmonary disease, others had dull apices, and in others one or both apices had broken down. In nearly all there was some abnormality of body temperature, night sweating, or diarrhœa. Now in almost every case where either of these last symptoms was prominent the voyage through the tropics worked havoc, and it was not until we reached the cooler, drier, and more bracing air of the Southern Ocean that they made the smallest improvement; and then the improvement was only temporary, for within my own knowledge four such cases died shortly after landing in Melbourne.

It will be gathered from the foregoing that great discrimination must be used in the selection of phthisical patients for a sea voyage. The people most likely to derive permanent advantage are those in whom there is little or no active disease at starting, who have no abnormality of evening temperature, no night sweats, and no tendency to diarrhœa. In their cases the equable temperature, the strongly ozonic atmosphere, highly charged with saline particles, and the open-air life work wonders in the way of cure. The irritating hacking cough is usually much diminished or altogether lost; the expectoration lessens and finally ceases; they become stout, strong, ruddy, and active, and return home after their nine months' voyage quite changed beings. On the contrary, those who suffer from a rise of temperature in the evening, night sweats, and have a tendency to diarrhœa, rapidly get worse at sea. In the warm tropical weather their expectoration becomes profuse, the night sweats increase, the cough is more troublesome and continuous, very little exertion brings on hæmoptysis, their appetites fail, and they, in consequence, become very weak in spite of all the care and attention expended on them. In the bracing air of the "Roaring Forties" they pick up slightly, but, as I have said before, the improvement is only temporary. Scores of these cases die every year in Australia, far from home and friends, regretting with their dying breath that they had ever left their own firesides on the advice of their medical attendants. It is positively cruel to send these "last chance" cases on board ship, for although good accommodation and careful attention are provided, a ship is not a hospital, and ought not to be turned into one. Other pulmonary patients do well at sea. I had some people on board who had had pneumonia and pleurisy, and had made a bad recovery. These cases very quickly recovered, beginning from the day they came on board. Bronchitic, asthmatic, and emphysematous people did remarkably well, but how far the cure was permanent it will be impossible to say until they have spent a winter in England. And here I may remark that I have never seen a case of bronchitis at sea: "catching cold" is almost unknown. A remarkable point in connexion with the advanced phthisical cases was the way in which they became bronzed, quite out of all proportion to the amount of exposure to the sun. I remember Dr. Stephen Mackenzie calling attention to similar cases of bronzing in phthisis at the London Hospital. His cases were general; mine were only bronzed on the exposed parts, but so much so that one of them at least might have been taken for a mulatto.

Regarding cases other than pulmonary, I think it is not sufficiently known what great benefit weak anæmic youths of both sexes and people suffering from general debility and nervous exhaustion from overwork and worry may derive from a sea voyage. Some of our passengers came on board scarcely able to walk, looking pale and haggard, with poor appetites, their digestive powers deranged, and they themselves altogether miserable. One woman in particular was the sorriest-looking individual imaginable; she could do nothing for herself, had to be assisted about by the servants, and complained bitterly of her forlorn state. The physician who sent her evidently knew the class of case to send to sea, for before we were a month out these passengers, especially the neurotics, had enormous

appetites, and had gained strength both of body and mind. This great change may be ascribed in a large measure to the different surroundings, the absence of all worry connected with business and domestic affairs, the fine, warm, bracing climate, and the healthy, open-air life. For this class of patient a voyage in a sailing ship is of far greater benefit than the same voyage in a steamer. A steamship must necessarily touch at many ports, consequently there is not that complete rest and absence of excitement which tend so much to effect a cure.

Epilepsy does not appear to be at all affected by the sea voyage. One patient I had on board on the outward passage had tried all the "pathies"—allopathy, homœopathy, electropathy, acetopathy, hydropathy—and was trying the sea life, with no good effect. He kept a very perfect record, and at the end of the voyage there did not appear to be any diminution either in the intensity or the number of the fits. On the homeward voyage this experience was confirmed. There were two cases of Hodgkin's disease on board, but they made no improvement. I suspect they had been sent too late in the disease. Some convalescing renal cases did well, but as all prominent symptoms (such as albuminuria) had disappeared before they came under my charge, I am unable to say how much they were benefited. They certainly lost their anæmia, and gained strength. Some cases of chronic alcoholism—one especially, who had an enlarged liver, and suffered much from attacks of nervous depression—appeared to be much benefited, but whether this was owing to the sea voyage or the comparatively temperate life on board ship I am unable to say. Such a method of treatment is worth trying in the case of a dipsomaniac, but he ought to be sent away in a temperance ship if there be one.

I had many interesting cases under my charge, both on the outward and the homeward voyage, a narration of which would make this paper too long. I would wish also to say something of the health resorts of Australia, but I will return to the subject. Let me say, in conclusion, that it is of great assistance to the ship's surgeon to get some detailed account of the passenger invalid from his medical adviser; and in this connexion let me warn practitioners not to prescribe strong medicines in concentration for the patients to use on the voyage. I had to treat two very severe cases of arsenical poisoning arising from large and constant overdoses of Fowler's solution, prescribed for them by their doctors before leaving England.

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UTERINE HÆMORRHAGE AFTER THE MENOPAUSE NOT DEPENDENT ON MALIGNANT GROWTHS.[1]

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OBSTETRIC PHYSICIAN IN CHARGE OF OUT-PATIENTS TO ST. MARY'S HOSPITAL, AND LECTURER ON MIDWIFERY AND DISEASES OF WOMEN TO ST. MARY'S MEDICAL SCHOOL.

BEFORE proceeding to the subject matter of this communication, a few words are required to prevent the title of the paper from being in any degree misleading. When a patient who has passed the climacteric comes to us complaining of hæmorrhage from the vagina, we almost invariably jump to the conclusion that she is the subject of carcinomatous or sarcomatous degeneration; and in ninety-five out of a hundred cases we are probably justified in the hasty diagnosis we have arrived at. Throughout this paper the term "uterine hæmorrhage" shall be taken to mean loss of blood coming from the uterus or upper three-fourths of the vaginal passage, and by malignant growths we will understand true carcinoma, adenoma, or sarcoma of the same regions. In bringing forward the four cases which form the text of the subject, it will be at once manifest that they are of interest to us only as practitioners of a healing art; they do not illustrate any one theory, nor do they throw fresh light on any doubtful point of treatment; they are merely records of interesting cases, and may serve as warning notes against errors in diagnosis. It may be justifiable, before proceeding farther, to recall one point of clinical interest—viz, how utterly misleading often are the descriptions given to us by patients who have passed the menopause regarding the amount of the blood loss from which they are suffering. The majority of women who have metrostaxes about this period of life mentally, if not openly, decide that they are the victims of cancer. This view has invariably a harmful effect upon their arithmetical centre (generally on the side of hypertrophy), and, as a result, the smallest loss is estimated in multiples of pints. The four cases we are now about to consider have all two features in common—the patients had all passed the climacteric, and all were suffering from hæmorrhage per vaginam.

CASE 1.—Mrs. B——, aged fifty-two, mother of four children, the youngest of whom is twenty-three years old, has always been a strong healthy woman. The only point in her history which is of importance is the occurrence of pelvic peritonitis on two separate occasions; the first attack was nearly twenty years ago, the second some fifteen years later and much less severe in character; she made good recoveries from both these illnesses. The menopause occurred about a year and a half ago, and up to November 1886, she had been without her monthly periods for nine months; at this time she was in good health, and leading an active, busy life. From the previous November up to March 1887, the patient had been suffering from recurrent hæmorrhages; the last, which came on about a month before, was very free, and necessitated plugging of the vagina. For the previous fortnight there had been a foul and offensive discharge from the vagina. Since November there had been a gradual failure of strength and slight loss of flesh; there had been a certain amount of pelvic pain, but not to any marked degree. During the last six or seven days the temperature had mounted up to 101° F. for several hours in the afternoon, but, as a rule, it was normal during the rest of the day. Such was the history given when I first saw the patient in March 1887. On examining the abdomen, nothing could be made out except that there was a moderate amount of tenderness on pressing deeply into the inlet of the true pelvis, especially on the right side. On making a vaginal examination, the uterus was found markedly displaced to the right and fixed by a mass of exudation material, which occupied the position of the base of the right broad ligament, and could be felt extending forward for some little distance towards the base of the bladder and also posteriorly behind the uterus. On making a bimanual examination, the body of the uterus was felt to be somewhat enlarged and tender on pressure. The infra-vaginal cervix was hypertrophied, shortened, and hard; the external os was elongated transversely, but not patulous; the supra-vaginal cervix was much thickened either by surrounding exudation or by infiltration from above. On passing a speculum some purulent discharge could be seen to ooze from the external os. The diagnosis here was not easy. Of course, it would have been quite possible to have dilated the cervix and then to have explored the cavity of the uterus and cervix; but the history of two past attacks of pelvic peritonitis and the presence of hardness in the right lateral fornix of the vagina made any such operation extremely hazardous. We should certainly have run a great risk of lighting up an acute attack of pelvic inflammation, and the patient's weak condition did not give much hope of her surviving such a complication. Taking into consideration the patient's age, the hæmorrhages, the foul offensive discharge, the loss of flesh and strength, and the fact that the vitality of the tissues had been deteriorated by previous attacks of surrounding inflammation, the medical practitioner and myself came to the conclusion that the case was one of malignant disease of the uterus, starting probably in the body near the position of the internal os, and spreading by infiltration into the neighbouring parametric tissue. The condition of affairs a month later, when we again saw the patient together, and found the infiltration of the peri-uterine tissue still more pronounced, confirmed us in this view. The treatment consisted in absolute rest, careful nursing and feeding, the administration of a mixture containing quinine and ergot, and the irrigation of the vagina for ten minutes night and morning with iodised water (strength, three drachms of iodine to one pint of water). In spite of these irrigations and the use of iodoform suppositories, and in spite also of constant changes of sanitary diapers, the discharge which came from the vagina was so fetid that the atmosphere of the room in which the patient was lying was noticeably unpleasant. For several months there was little change in

[1] Read before the Harveian Society of London, May 1st, 1890.

the condition just described; then gradually the loss became less, more strength and vigour were gained, and month by month the improvement became more marked, until, at the present date, the patient is in full enjoyment of vigorous health, and vaginal examination can reveal little if anything amiss. It is clearly proven by the sequel of this case, that our diagnosis of malignant disease was a mistaken one, but it is much less easy to say what was the actual course of events. There can be little doubt that a collection of pus formed in the pelvis close to the uterus, and burrowed its way into the cavity of the uterus, discharging through the external os. It was noticed during the course of the disease that when the discharge was free the patient was in less pain and the temperature more steady, but when it was retained both pain and fever rapidly increased. If the abscess was caused by pelvic peritonitis, cellulitis, or a breaking-down hæmatocele, then the case was certainly a very exceptional one, since these diseases belong to the period of menstrual activity, and rarely occur after the climacteric. Again, though metrostaxis is a common accompaniment of any pelvic inflammation, yet it does not occur in the profuse manner in which it presented itself in this case. The presence of free bleeding was a prominent feature in the early part of the illness, and tended considerably to direct our minds to the diagnosis of malignant disease. It was probably due to the opening up of some of the large vessels in the uterine wall as the abscess burrowed its way through.

CASE 2.—Mrs. W., aged sixty-eight, mother of two children, the youngest of whom is twenty-six. Has always been an active, vigorous woman, and enjoyed perfect health until six months ago. At that time she began to have a discharge of blood from the vagina; at first it was very little, but gradually it increased in frequency and amount until at the present time she is never free from it. There is no marked loss of flesh or strength, but the bleeding has made her rather anxious, and caused her a good deal of discomfort. Her general health seems fairly good, and save for a little constipation the functions of the body are performed with regularity. On vaginal examination, the following condition of things is revealed—viz, the lower two-thirds of the vagina are normal in size and shape; then comes an irregular annular constriction, through which one finger can be passed without difficulty into a dilated upper portion, in the roof of which the external os can be felt. The uterus itself seems to have undergone regular senile involution. Round about the upper third of the vagina, and somewhat distorting the regularity of the canal, are sundry of those fibroid thickenings which are so commonly felt in and around the roof and upper portion of the vagina in advanced age. I cannot say I have ever seen a description of or reference to these distorting bands in the various text-books of gynæcology, but they are found fairly often in examining women between sixty and seventy years of age, and are in my opinion due to a fibroid change or degeneration occurring in the connective tissue which surrounds the supra-vaginal cervix and upper part of the vagina. On passing a speculum, broad patches the size of a shilling were seen to be present on the anterior and posterior walls of the vagina just below, and apparently extending through the annular constriction already referred to. These patches were denuded of epithelium, raw, red, and angry in appearance, and from them blood was freely oozing. The disease proved very refractory to treatment; though the patient was kept in the recumbent position, had careful cleansing and douching of the vagina, and the application of various remedies to the bleeding surfaces, yet at the end of six weeks she had made but scant progress towards recovery. The patches were still raw and bleeding, and though at parts there seemed some evidence of a healing process, yet at other spots the morbid growth had spread. Under these conditions it was thought best to adopt more vigorous treatment; accordingly, the patient was put under the influence of ether, the stricture was dilated, and the diseased patches, having been well brought into view by the speculum, were freely scraped with a sharp curette, both below and above the constriction, and then rubbed over with a Paquelin's cautery at a dull-red heat. After this healing went on satisfactorily, and at the end of a fortnight the anterior vaginal wall was quite healed, while on the posterior there was only a small raw patch the size of a threepenny piece. Several vigorous applications of iodised phenol to this latter led to a satisfactory cure. The condition of the mucous membrane above the annular constriction could not be seen, but as no blood came on passing a swab of wool within this part and only a little white discharge passed away, it may reasonably be inferred that healing here also was complete. Six weeks after the operation the original raw surfaces were represented by whitish depressed cicatrices, and the upper part of the vagina was separated from the lower two-thirds by a zone of contraction, which was so firm and narrow that the top of the examining finger could not be passed through it. A little thick whitish mucus was oozing through the narrow, constricted part of the passage. The patient stated that she was now free from any discharge, and experienced a sense of comfort and ease to which she had been for many months a stranger.

What was this disease? The term "ulcerative vaginitis" is only a name, and is utterly devoid of any pathological accuracy. Moreover, we do not know of any form of simple vaginitis which presents such features as those I have described; it is true that Professor Hildebrandt has set forth a variety which he styles "adhesive vaginitis," for the reason that its chief characteristic is to produce adhesions between the vagina and uterus. Of this variety he says: "It occupies the upper third of the vagina, the mucous membrane bleeds readily, and the discharge is thick, creamy, and sanguinolent." This description certainly somewhat fits the disease which attacked our patient; but then I am not at all prepared to admit that such a disease can be correctly described as "vaginitis." The latter disease is, as we know, one of the commonest affections to which women are liable, and did such a form as the adhesive variety of Hildebrandt exist, we should certainly come across it more frequently. Taking into consideration the appearance of the bleeding patches, their chronic condition, their tendency to spread by an encroaching edge, and their obstinate refusal to heal save under the application of the scoop and the cautery, I am convinced they belong to the family of "lupus." Again, the long annular stricture present in the upper part of the vagina is quite in keeping with this diagnosis; on this feature of lupus Dr. Thin speaks somewhat strongly in a paper read by him before the Obstetrical Society, and published in vol. xxvii. of its Transactions. At page 313 he tells us that "the frequent occurrence of stricture in association with lupus cannot fail to strike the observer. In his experience this disease has been by far the most frequent cause of stricture in the female pelvis. Strictures by growth of lupous tissue are observed chiefly in the rectum and vagina. They do not occur as tight separate bands, through which the finger cannot be passed, or passed only with difficulty; but a considerable length, from about half an inch to two inches of the mucous canal is transformed into a rigid cylinder which has lost all contractile power, and which cannot be expanded without laceration." This description fits very well the case now under consideration. There will always be a difficulty to some minds regarding these cases of so-called lupus affecting the genital track as to whether the prefix "syphilitic" should not be added; undoubtedly in some cases the question may fairly be raised as to how far it is possible to differentiate the lupoid condition from a similar appearance which is truly a manifestation of tertiary syphilis, but there can be no question in the case of Mrs. W——. The most careful questioning failed to elicit a single fact in her past history which could possibly justify such a diagnosis. A most important point to us as practitioners is to know how far the cure obtained by the use of the curette and actual cautery is a permanent one; on this point I can throw little light, but the records of similar cases point rather to the probability of return at a later date.

CASE 3.—Mrs. X——, aged forty-nine, multipara, came to my out-patient room at St. Mary's Hospital with the following history. Her monthly periods had been growing gradually more scanty, until they ceased about nine months ago; for six months she saw nothing, though occasionally there was a little whitish discharge. For the last two or three months, however, she had suffered from repeated attacks of bleeding from the vagina, had experienced pain and discomfort about the hips and inwardly; she thought she was losing flesh, and was feeling anxious and worried. Between the blood losses she was troubled by a yellow discharge, which was at times offensive. Vaginal examination showed that the uterus was rather large and tender, the external os was patulous, and on passing the speculum some rusty-coloured mucus was seen to be coming away from the cervical canal. A good deal of granular erosion was to be seen affecting the lower part of the anterior and posterior lips. There was little difficulty in diagnosing the case as one of

"senile endometritis." The treatment consisted of absolute rest in bed, three leechings of the cervix repeated at short intervals, hot douches night and morning, and when the congestion of the uterine and cervical tissue had disappeared the application of iodised phenol on a Playfair's probe to the cervical canal. In three weeks the patient was discharged quite well. One feature in the cure it may be permissible to lay stress upon, and that was the absolute assurance given to the patient that her disease was certainly not "cancer." Every woman who has a sanious discharge occurring after her periods have ceased, is possessed at once of a horrible fear that this may be the commencement of cancer; every such woman has a bosom friend to whom alone she imparts her symptoms and suspicions, and every such bosom friend has the inevitable relative who began in the same way, and died before long of a gruesome cancer. Under such circumstances it is scarcely to be wondered at if, when at last our patient is prevailed upon to seek medical aid, her mental and physical condition is more suggestive of advanced malignant disease than the milder affection we are now considering. Probably we should often do our patients a real kindness by at once setting their minds at rest without waiting for the question to come from them. On several occasions patients, when cured, have confessed that they had longed to ask the question regarding malignancy, but feared to do so lest their point-blank question should extort an answer which would practically seal their fate. The causation of senile endometritis seems in many cases to be as follows:—When the monthly losses cease at the change of life, it happens sometimes that the rhythmical determination of blood to the uterus still continues monthly for some time; this is proved by the menstrual molimina which are felt at these times, as well as by the "fluor albus" which accompanies the attempt at menstruation. As a result of this, a somewhat chronic congestion of the uterus results, and a comparatively slight exciting cause, such as chill or exposure, suffices to cause the congestion to pass on into inflammation, and an endometritis to become established. The actual amount of blood lost per vaginam in these cases is usually insignificant; but, as already explained, the loss is liable to be greatly exaggerated by the patient, and the practitioner may be led astray in his diagnosis.

CASE 4.—This case is of interest as showing how erroneous may be the account given by a patient, and how liable we are to err when permitting ourselves to make a hurried diagnosis without careful investigation. Mrs. S—— came complaining of an offensive coloured discharge and occasional bleeding from the vagina. She was a stout, healthy-looking woman of fifty-eight years of age, had had her menopause at forty-eight, and enjoyed good health till three months ago, when her present troubles began. She had consulted a medical man, who had told her she had cancer of the womb, though he had not examined her. A few years before she had the change of life she had suffered from falling of the womb and had worn supports, but there had been no prolapsus for some years, and she had not worn or needed (she was confident) a pessary for a long time. On vaginal examination, I removed (to her surprise) an old ring well crusted with phosphatic deposit. The ulceration of the vagina soon disappeared under appropriate treatment.

A CASE OF

EXPLORATION OF THE PYLORUS FOR SUPPOSED OBSTRUCTION.

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THE following case is of great interest in showing how easy it is, in spite of the very greatest care, to be mistaken in a diagnosis, and yet such a good result to accrue from a surgical operation. It is worthy of being put on record, notwithstanding no stricture was found, as successes and failures alike must be recorded if any statistics are to be formulated of any value. My intention was to perform a Loreta's operation on the pylorus; but after the reading of the case it will be seen that this was impossible.

J. F——, aged forty-seven, a railway labourer, born in Pomerania, but who has lived in Australia for the last twenty years, came under my care in February, 1888, for symptoms which, together with the past history, pointed strongly to a simple pyloric obstruction from the cicatrisation of an ulcer. His family history showed that his mother died of phthisis, aged forty-five, also one brother at twenty-four; three brothers are alive and perfectly healthy, but two died during the Austrian war. One of his sisters has a weak chest, but otherwise there is no history of new growths, rheumatism, gout, or other important disease. The patient had always enjoyed good health till the age of nineteen, with the exception of measles. He served in the Prussian army without seeing active service for three years and a half from 1866 to 1869. At this age of nineteen, when apprenticed to a furniture-maker, he "strained his inside" whilst lifting a heavy piece of wood. Next day he had a sensation of "weight" at his epigastrium, which lasted for three months, when he vomited a large quantity of bright-red blood, and fell back fainting on the floor. He was attended by a doctor, who ordered him nothing but ice to suck, and drew his attention to his tar-like stools. No more bleeding occurred, and he was able to resume his work in fourteen days. He was seen during this illness by Professor Eichstadt of Greifswald, who told him he had a "sore" in his inside. After this illness the patient had pain with his food for a few days, but this soon disappeared. He was quite well till the age of twenty-four. He was then admitted into an army hospital for a fortnight for gastric pains, but without vomiting or hæmatemesis. He came to Australia in 1870, and worked in the gold mines of Victoria. He continued well for two years. He then began to suffer from pain at the epigastrium, which was relieved by food; then vomiting came on at irregular intervals, sometimes in small and sometimes in large quantities. At this time he used to physic himself with bicarbonate of potash. He was then an out-patient at the Beechford Hospital for three weeks, and was treated for dyspepsia, but derived no benefit. During 1880 he was under several well-known medical men in Melbourne, who diagnosed carcinoma of the pylorus. He went to the Homœopathic Hospital in Melbourne about this time, and was again treated for pyloric cancer. In 1882 he had typhoid fever. In 1883 he came to South Australia, and for the next three months was either an in- or out-patient at the Adelaide Hospital for attacks of vomiting, which came on at irregular intervals; he, however, derived no benefit. He then consulted a private medical man, who washed out his stomach for three months, and then taught him how to do this for himself. At this time sarcinæ were present in his vomit: he was also operated on for piles. From the end of 1883 to the time of the operation the patient washed out his stomach about once a week, using, as a rule, eight pints of water before vomiting came on. He has always been extremely careful with his diet, living principally on scraped beef, bread-crumbs and milk. During his whole illness he never lost much in weight. Whilst he was under my care, and prior to the operation, I gave him all the usual stomachic medicines—such as bismuth, pepsin, and the creasote mixture; and although he would improve somewhat for a week or two, he was never free for long together from pain and vomiting.

The patient's state when seen on July 19th was as follows. He is a tall, thin, careworn-looking man, with sunken eyes, complaining of weakness, loss of flesh, epigastric pain, crampy in character, moving about umbilical, epigastric, and both hypochondriac regions, followed by attacks of vomiting, consisting of semi-digested food, with a large quantity of frothy fluid. He suffers very much from flatulence, and the epigastrium often becomes very distended; after vomiting the pain is easier, but leaves a sensation of soreness. He has never had any more attacks of hæmatemesis, but has noticed streaks of blood in the vomit. He feels a sensation when in bed at night as though water was slowly trickling out of his stomach into the bowel and air taking its place, giving rise to constant borborygmi. Generally suffers from constipation unless medicine be taken, and the stools are always very small in quantity. The attacks of vomiting are always less after the action of the bowels. Tongue fairly clean. Teeth beginning to decay. Walls of abdomen retracted; ribs standing out; superficial epigastric and circumflex iliac veins distended. Stomach: Percussion note extends from the level of the fifth rib, in the left nipple line, to a hand and a half's breadth below the rib cartilages, and is not much influenced by generating CO_2 gas in the stomach; no

peristaltic action to be seen; no swelling to be detected anywhere over stomach or duodenal area; gurgling constantly audible with a stethoscope. Liver not enlarged. The vomited matters are acid in reaction, and, on standing, separate into a superficial, floating, frothy portion, which contains sarcinæ and torulæ under the microscope, but no blood, and a lower greyer portion of semi-digested chyme. The other organs are perfectly healthy. Urine normal in colour; acid reaction; no albumen; no sugar; no excess of indican; sp. gr. 1019. The patient weighs 142¾ lb.

On July 19th the patient was sent into a private hospital, and was seen by Drs. Gardner, Giles, and Todd, and Professor Watson. On the 21st the stomach was washed out, and he was given an ounce of senna mixture every four hours and a soap enema at night. On the 22nd the stomach was washed out at 7 A.M., no food being allowed by mouth. An ounce of brandy in warm water was injected into the bowel at 8.30 A.M. An operation was performed at 9 A.M., Professor Watson, Drs. Gardner, Giles, Todd, and Swift being present, Dr. Todd giving ether, Dr. Giles helping me, with the assistance of Drs. Gardner and Swift, to all of whom I have to offer my best thanks, especially to Dr. Gardner, who gave me most valuable advice all through from his great practical experience, both in gastric and abdominal surgery in general.

Operation.—The abdomen having undergone the usual clearing and washing with carbolic lotion, an incision five inches long, extending from one inch below and to the left of the xiphoid cartilage to an inch below the cartilage of the ninth rib, was made, dividing the left rectus abdominis. All vessels having been ligatured, the peritoneum was opened, when the transverse colon with the mesentery presented. This was kept out of the way with a sponge, and the stomach brought up into the wound. This appeared very vascular, and of a bluish-red colour. Sponges having been placed around, an incision about two inches in length and in the long axis of the stomach was made with scissors, beginning one inch from the pylorus. The finger was inserted, and passed quite readily through the pylorus and down the duodenum for some distance without feeling any evident stricture, and the largest size Macnaughton Jones's dilator readily slipped to the left of the spine without meeting any resistance. The pylorus was dilated so as to admit two fingers without much trouble or resistance. The walls of the stomach were thickened and very vascular, and the surface of the nervous membrane studded with small granular-looking bodies. The mucous membrane was sewn up with a continuous silk suture, and then thirty Gussenbauer's sutures of fine silk inserted into the wound of the stomach, which, when tied, brought the serous surface well together, with an extra plain suture at either end. The peritoneal cavity was washed out with a warm boracic solution, and the abdominal wound treated in the ordinary way. The wound was dressed with iodoform and salicylic wool. The operation lasted an hour and twenty minutes. There was very little shock. The patient vomited twice after the ether, bringing up two ounces of bloody, frothy slime.

From this time the patient made an uninterrupted recovery, having nothing by the mouth but ice to suck, and being fed by nutrient enemata every four hours from the operation till the fifth day (July 27th), when he was allowed some jelly by the mouth, which caused no ill effects. Next day (July 28th) he had some bread-and-milk. On Aug. 1st (the ninth day from the operation) he was allowed fish, an egg, and bread-and-butter, with no ill results. On the 4th all stitches were taken out. He got up on the 5th (fourteen days from the operation), and had a chop for dinner, without any inconvenience. His weight on Aug. 12th was 140lb., being a loss of 2¾ lb. since the operation. He was able to take ordinary full diet. There was no pain, but sometimes a little flatulence. The bowels acted every day with the help of cascara jujubes. After this he left for the country.

On Sept. 18th the patient returned to town. He looked and felt exceedingly well and strong. Was able to eat anything except pork, pastry, and cheese. Now and then he suffered from flatulence. He had never been sick since the ether vomiting. His weight was 154½ lb., a gain of 14¼ lb. in thirty-nine days. On Oct. 19th the patient came complaining of a little weakness at the cicatrix; otherwise he continued to eat well, and had no pain to speak of, no flatulence, and no nausea or vomiting. He was following his usual employment as a railway permanent-way man. He was weighing 158½ lb., a gain of 18¼ lb. since Aug. 5th.

From the history and the symptoms this patient presented, I feel pretty sure that it was a case of cicatricial contraction of the pylorus, and in this view the medical men who saw the case with me concurred, and strongly recommended Loreta's operation, which I had commenced to do when I came upon a fairly patent pylorus, which certainly ought to have allowed all ordinary food to pass through it, and only shows how easy it is to go astray in a diagnosis. The late Professor Loreta points out that the diagnosis has to be made between cancer, fibrous stricture, and idiopathic gastritis. Cancer could be excluded in my case by the nineteen years' history and the absence of any tumour. The difficulty was between stricture and idiopathic gastritis, and Loreta gives rules as to deciding which of the two is present. He says that if the vomited matters be carefully examined in stricture, the lower layers will consist of acid chyme well digested, as it did in my case, whereas in gastritis it is undigested food and little chyme, and in the former case a longing for food, in the latter a loathing. Everything seemed to point to a stricture, but this could not be when the finger so easily slipped through the pylorus; and the peculiar granular appearance of the inside of the stomach pointed more to idiopathic gastritis. The question is, How did the operation cure the patient? as it certainly seems to have done. The only way I can see of explaining it is that the incision acted as a strong counter-irritant to the walls of the stomach, which evidently from their appearance were suffering from a chronic gastritis, and, together with the rest the stomach had for five days when nothing was given by the mouth, brought about a healthier condition of the mucous membrane, and so allowed the food to digest properly. I think giving solid food early and pushing it, instead of giving slops, goes a long way towards improving the stomach. Another reason for such marked improvement is that a sort of spasmodic contraction occurred at the pylorus similar to what we know occurs at the anus, and which was cured by the stretching.

Adelaide, South Australia.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

NOTE ON THE VALUE OF THE INJECTION TEST IN DOUBTFUL CASES OF RUPTURED BLADDER.

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THE value of this test was well illustrated by a case recently under my care at the Metropolitan Hospital. The patient, an elderly woman, had been knocked down and run over by a van, one of the wheels passing over the lower part of her abdomen. On admission she was found to have a fracture of the pelvis, involving the sacro-iliac joint, with considerable separation of the pubic symphysis. She was quite unconscious and in an extremely collapsed condition. The skin was cold and clammy, the pulse small and weak, and the respiration feeble and sighing. When I saw her shortly after her admission, she was still deeply collapsed, but had slightly recovered consciousness and complained of great pain in the lower part of her abdomen. It was doubtful how much urine she had in her bladder at the time of the accident, since, having only partially regained consciousness, she could not answer this question satisfactorily. I passed a silver male catheter, but only a small quantity of blood-stained fluid escaped, and on depressing the handle the points seemed to be felt more easily than normal by the hand above the pubes. The history of the accident, the collapsed condition of the patient, the fracture of the pelvis, the separation of the pubic symphysis, the pain in the hypogastrium, the escape of only a small quantity of bloody fluid on the passage of the catheter, and the apparent abnormal projection of the point of the catheter above the pubes when the handle was depressed, led me to suspect a rupture of the bladder. Seeing the importance of early

recognising this injury if treatment by suture of the ruptured viscus is to have a fair chance of success, I determined to explore the bladder by an incision above the pubes. Before doing so, however, I thought it as well to try the injection test. I therefore forcibly injected a measured quantity of water into the bladder through a full-sized catheter tightly fitting the urethra, and then after a few minutes drew it off, taking care to prevent any loss. The same amount, within a drachm or so, as that injected was returned. In the face of this test, therefore, I resolved to wait a few hours before undertaking any active measures. Suffice it to say that in the course of the evening the patient passed urine naturally. After this she had no further bladder trouble, and made an uninterrupted recovery.

Weymouth-street, W.

A CASE OF SCARLET FEVER, MEASLES, AND DIPHTHERIA RUNNING TOGETHER IN THE SAME INDIVIDUAL.

BY CHARLES H. TAYLOR, M.B. LOND.,
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E. W——, aged four years and a half, was admitted into the Derbyshire General Infirmary under Dr. Greaves on March 29th, 1890, suffering from scarlet fever. She had a typical rash, with sore throat and tongue. Temperature 103·2°. The fever ran an ordinary course, and on April 9th she was peeling generally, the throat being still somewhat swollen, and the glands of the neck enlarged. On April 10th, twelve days after admission, the child began to sicken again, and complained of headache; the temperature began to rise, and there was marked coryza. On the 11th she had a rigor (temperature 105·4°), and the following morning presented a well-marked measly eruption over the face, neck, and wrists.—April 13th: Rash disappearing; temperature falling; child seems better; throat still inflamed.—14th: Temperature 104°; patches of membrane seen on both tonsils.—15th: Membrane on soft palate, removal of which causes bleeding; much difficulty in deglutition, and also in respiration; symptoms of laryngitis appearing.—17th: Respiration still difficult; quantity of muco-purulent discharge from nose; throat less inflamed.—23rd: Child seems better; takes nourishment well; tongue cleaner; ulcers on tonsils, but no membrane to be seen; respiration much easier; pulse fairly good.—24th: Has had two slight attacks of syncope while sitting up to be fed; seems unable to swallow in the recumbent position.—25th: The child, after awaking from a short sleep, was rather restless, had another fainting attack, and died.

Remarks.—When the membrane first appeared on the tonsils we were doubtful as to its nature, and inclined to look upon it as merely an aphthous condition arising in the course of a specific fever; but from the way in which it spread to the larynx and nasal cavities, and the subsequent development of the general symptoms, we were induced to look upon it as a case of diphtheria, and to treat it accordingly. It is not uncommon for measles to supervene during an attack of scarlet fever, or for diphtheria to attack a patient suffering from either measles or scarlet fever, but the occurrence of the three together is, I think, of such rarity as to be worthy of recording.

Derby.

CASE OF HYOIDEAN DISLOCATION IN PULMONARY PHTHISIS.

BY HENRY S. WOOD, M.B., C.M.

I THINK the following case (which was under the care of Mr. M. W. Roe), owing to its rarity, is worthy of record.

A hurried message was sent to say "that the patient, H. L——, had displaced a bone in his neck, and that he was choking." On arriving, the patient, aged about twenty-seven, was sitting up in bed with his arms crossed over the upper part of the thorax, one hand grasping the upper portion of his neck as if to steady the hyoid bone, and the other steadying the larynx. His face was much emaciated, and wore an aspect of distress; there was slight cyanosis; but the symptom most complained of was a feeling of impending suffocation. The head was thrown slightly forwards on the chest in order to relax the muscles. The patient at first could not be persuaded to let go his hold on the neck, but after a little while he did so, and then we saw clearly the exact state of affairs. There was a certain degree of prominence on the left side of the neck, in the region of the submaxillary triangle; on feeling for the hyoid body, it was found to have deviated from the mesial plane of the neck. On running the finger along the greater cornu, the tip of the horn was found to be displaced upwards and to the left, so as to be on a level with the angle of the inferior maxilla. It was evidently a dislocated hyoid. No crepitus could be detected. Reduction was effected by making the patient swallow; and while fixing the thyroid cartilage with one hand, the bone was pushed in the opposite direction to the displacement, and went in with a perceptible click and a slip, much to the patient's relief, the dyspnœa improving directly. The bone was kept in position by means of two pads, one on each side of the body of the hyoid, and a bandage round the neck. The bone has since been dislocated in a slight degree, but reduction was effected in the same way. According to the patient's statement, the bone was displaced during a violent paroxysm of coughing, with the head bent laterally to the right side. Physical examination revealed extensive tubercular disease of both lungs, an empyema on the right side, and extensive disease of the larynx, epiglottis, and neighbouring parts; the voice was very feeble, and almost reduced to a whisper. On referring to the subject in Holmes' "System of Surgery," I find a case of Dr. Gibbs quoted; and in the above case the only cause which appears feasible to my mind is that, owing to the degenerative and ulcerative changes in the neighbourhood of the hyoid bone and laryngeal cartilages, the ligaments must have been relaxed, or may have undergone a certain degree of softening; at the same time the muscles arising in and inserted into the hyoid must have lost their normal tone, partaking in the general debility, and so predisposing to the dislocation, which was actually brought about by a paroxysm of coughing. The method of reduction is somewhat different from that described in Holmes' "System of Surgery," but, owing to the urgency of the case, there was no opportunity left to inquire as to the exact method of reduction.

Wincanton.

ICE IN STRANGULATED HERNIA.

BY J. HOWARD WILKINSON, L.R.C.P. LOND., M.R.C.S.

A CASE which, I think, well illustrates the occasional value of ice in strangulated hernia occurred recently in the West Bromwich District Hospital.

T. F——, a labourer, aged thirty-five, came to the hospital on July 15th at 8.30 P.M., and was admitted under the care of Mr. Langley Browne. The history he gave was that while at work that morning, at about 10.30 A.M., he had a sharp pain in the groin, and "felt something slip." He then found that there was a lump in the right groin, and went home and remained in bed. He was sick about five times during the day, and was seen by a medical man in the evening, who ordered him to go at once to the hospital. On admission there was found a rounded swelling the size of a tangerine orange occupying the right groin, immediately over the situation of the external abdominal ring, which was tender on pressure, quite devoid of impulse, and irreducible. He immediately vomited on taking anything by the mouth, and had passed no flatus since the accident occurred. The patient was at once placed in a warm bath and reduction attempted while he was in the bath. This failing, he was put to bed, and the parts were shaved ready for an operation. However, as the symptoms were not very urgent, he was given one grain of opium, and an icebag was applied to the groin. He vomited four times during the night. At 10.30 A.M. on the following morning the taxis was again tried, with the result that the hernia was easily reduced.

Now Mr. Heath, in his letter to THE LANCET of July 6th, says that he deprecates the application of ice to a *bonâ fide* strangulated hernia. This, however, appears to me to have been certainly a strangulated hernia. It was irreducible, there was obstruction to the passage of fæces along the bowel, and there must have been obstruction to the circulation of blood in the wall of the bowel, as it was so tightly nipped that there was no impulse whatever on coughing. I think this case shows that the use of ice in an early case of true strangulated hernia is good treatment, and should generally be tried before submitting the patient to operation;

although at a later stage, when the bowel has been nipped for twenty-four or forty-eight hours, it would be the worst possible treatment perhaps, as it would only hasten the onset of gangrene of the gut and sloughing of the integuments. No doubt care ought to be exercised in the use of ice, as we are not in possession of accurate information as to how long after strangulation has occurred ice may be of service. I suppose, until this is settled definitely, we ought to judge by the urgency of the symptoms whether an icebag should be applied or immediate operation performed.

West Bromwich.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

MIDDLESEX HOSPITAL.

TWO CASES OF EXCISION OF THE ELBOW-JOINT; REMARKS.

(Under the care of Mr. HENRY MORRIS.)

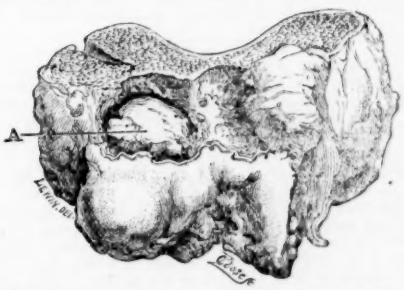
THESE cases form an interesting addition to our literature on the pathology of ankylosis of the elbow-joints. Both presented rare conditions of the lower end of the humerus, in addition to the ankylosis of the joints. In each case the sequestrum found was of small size, but in neither could the good result which was gained by the excision of the joint have been obtained by local removal of the sequestrum had it been possible to localise it. We refer our readers to the remarks by Mr. Morris. For the notes of the cases we are indebted to Mr. Savory, house surgeon.

CASE 1.—C. D——, a female aged twenty-one, a draper's assistant, was admitted on June 4th, 1890, complaining of stiffness of the right elbow-joint. Up to April, 1885, she had been able to use the two arms equally, but about that time the right elbow began to get stiff, and soon became flexed at a right angle. She had considerable pain when endeavouring to extend it, and it was very tender on its outer aspect. She could not attribute her trouble to injury or other known cause. She was treated by blistering and splints, the elbow gradually improving, so that for twelve months (1886–87) she had fair use of the limb. Since the beginning of 1887 she had discontinued treatment of all kinds, and the limb had gradually returned to its former condition.

The patient's condition on admission was as follows:—She had a very healthy appearance, and no tubercular tendency was said to exist in her family. Her right elbow had lost its normal contour, and was flexed almost at a right angle and considerably swollen, measuring one inch in circumference more than the left in similar positions. The olecranon was normally apparent. The internal condyle could be defined at its extremity; the outer condyle not at all. Over but more especially just below the outer condyle, and also over the head of the radius, the patient complained of marked tenderness on pressure. Pronation and supination of the forearm were very limited, and flexion and extension almost impossible. A rectangular splint and blisters over the tender spot were applied, but this treatment was carried out only for a week, as the patient was unable to bear the pain it gave.

On June 18th she was anæsthetised, and, an Esmarch bandage having been applied, an exploratory incision was made over the outer condyle, with the object of trephining the bone for chronic abscess. On coming down to the bone a drill was inserted at a spot where there was a minute opening in the bone large enough to admit a pin, but no pus was found, and a second introduction was followed by a like negative result. The forearm was then forcibly flexed, and on the giving away of firm adhesions round the joint, so much bony grating was felt that it was decided to excise the joint. This was done in the usual way, by an incision over the centre of the olecranon, the former incision being disregarded. The articular surface of the ulna was found bare and rough in places; there was advanced synovial disease of the radial joint, and the articular cartilage of the radius and capitellum of the humerus was thinned, softened, and very easily raised off, but no pus was found anywhere. On cutting across the lower end of the humerus, there was found in the external condyle a cavity large enough to contain a marble; it was partly filled by a dry white sequestrum, rough, irregular, and attached to the living bone by a few slender processes; there was no pus in this cavity. The drill had missed the sequestrum cavity by about one-eighth of an inch. The elbow was dressed with dry antiseptic dressings and placed on a pillow, no splint being used.

The patient made a rapid recovery, and was able to flex

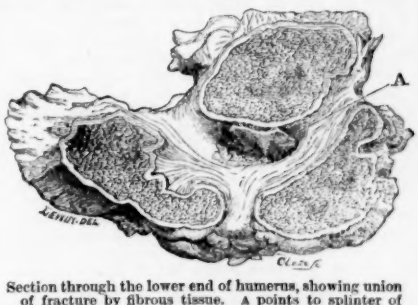


The excised portion of the humerus. A points to the sequestrum within the cavity of the external condyle. The drill line is seen above to almost reach this cavity.

the forearm to its full extent. She was discharged on July 11th, her power of moving the elbow having daily increased.

CASE 2.—G. W——, a grocer aged thirty-one, a tall, slender man, was thrown from a trap on Nov. 20th, 1889, and sustained a compound fracture of the arm. He stated that it was fourteen hours before the arm was set, and that a large vessel had to be tied, but it continued bleeding all the first night following the injury. The arm became very much swollen, and several abscesses were opened in the course of a few days in the neighbourhood of the elbow; he then went about with the arm in a sling, and the elbow-joint soon became immovable.

On admission on June 4th, 1890, the left elbow was found to be fixed at an obtuse angle of about 120°. There was no movement of flexion, extension, pronation, or supination. Some thickening existed at the lower end of the humerus, but the outlines of the joint were distinct. The joint was painful and tender; there were three scars about it. The



Section through the lower end of humerus, showing union of fracture by fibrous tissue. A points to splinter of bone in minute abscess in fibrous uniting medium.

hand and forearm were cold and blue, the muscles of the limb considerably wasted, the movements of the fingers impaired, and sensation in the distribution of the median nerve was slightly modified.

On June 11th the patient was anæsthetised. The ankylosis of the elbow was found to be complete, so the joint was excised through an incision over the centre of the olecranon. On taking off the section from the lower end of the humerus a small quantity of pus was seen escaping from the centre of a fibrous uniting medium whereby the fracture had been repaired; another section was therefore removed. The original injury had been a T-shaped fracture

into the joint, breaking the condyles from the shaft and from one another. The two condyles were united by a soft ligamentous-looking structure, and these were united by a similar material to the shaft, the lower end of which was forwardly displaced and had no doubt caused some slight pressure on the median nerve. In the T-shaped fibrous tissue uniting three pieces of bone was a small space in which was a little pus and a triangular scale of necrosed bone of ivory whiteness and density; it was quite loose. There was a good deal of oozing from the cut tissues, especially from the ulna; the bleeding from the bone was checked by driving in an ivory plug. Dry antiseptic dressings with gauze were used, and the limb placed on a pillow. No splint was employed. The wounds healed by first intention, and the patient left the hospital, the arm rapidly gaining power and movement.

Remarks by Mr. HENRY MORRIS.—These cases are of unusual character and of considerable interest to the surgeon. The one teaches the advisability of searching carefully for the cause of ankylosis, especially in a healthy person where there has been no injury. The other points to the wisdom of following the plan of excising the joint at once in cases of compound comminuted fracture of the elbow-joint. The first patient was placed under my care by Dr. J. Hopkins Walters of Reading, who wrote: "The elbow has considerably altered since I last saw it, both as to swelling and immobility, and, so far as I can tell, the head of the radius and probably the radio-ulnar articulation are now actively diseased, and I doubt if anything short of excision will be of any use to her." The result shows how correct Dr. Walters' opinion was, and the question arose, why the disease was so much emphasised on the outer side of the joint. The patient was not scrofulous; the joint had been affected for five years, having been at one time better, at another much worse, and there was a spot over the outer condyle specially tender on pressure. For these reasons, and because the case in these respects much resembled another once under my care, where ankylosis of the elbow resulted from a chronic abscess in the outer condyle of the humerus (the case, with others of chronic abscess in bones, was read at the Worcester meeting of the British Medical Association and afterwards published in the journal), I was induced to search for a similar cause in this young woman. As will be seen, I failed to reach the cavity with the drill, but, had I quite succeeded in this, no evidence would have been afforded by the escape of pus of the central necrosis; nor is it certain that, had I detected the necrosis before excising the joint, repair resulting in a useful articulation could have taken place. This, however, is quite open to question, and had I found and removed the sequestrum, I most certainly should have given nature a chance to complete the cure and restore the limb to usefulness without going on to excision. Out of many cases of chronic inflammation resulting in small cavities in the articular ends of long bones which have come under my care, this is the first in which the sequestrum has been "dry"—i.e., without association with pus. The others have been one or other of two kinds: namely, the cavity has contained pus only, and a lining of thick, velvety, pyogenic membrane; or with these characters there has also been within the cavity, and bathed in the pus, a small sequestrum of the size of a horse-bean, a pea, or even a grape-seed. In Case 2 it cannot be doubted that the patient would have been saved much suffering and much loss of time had primary excision of the joint been employed. The suppuration which ensued produced the ankylosis, and the fibrous medium of union and the pressure on the median nerve caused by the displaced lower end of the shaft of the humerus prove the difficulty of reducing and keeping in place these comminuted fractures when followed by great inflammatory action; whilst the splinter of bone surrounded by a few drops of pus and buried in the soft uniting medium proves how much smouldering fire may be excited and kept up by some undiscovered spark. In a case of compound fracture of the head of the radius in a young man under the late Mr. De Morgan's care, I witnessed an excellent result with a mobile joint follow the removal of the fragments of the broken radial head without excision of the articulation. Encouraged by this I was led some years ago to adopt the same treatment in a more extensive compound fracture of the elbow of a robust young labourer. Violent inflammation with intense suffering and swelling of the whole limb followed, and excision had subsequently to be practised under much less favourable circumstances than if it had been done as a primary operation. The patient ultimately obtained a perfectly useful and very powerful limb; but I have never since been induced to repeat the treatment, and I am inclined to think it might be laid down as a rule of surgery that "in compound comminuted fracture of the elbow in an adult, primary excision of the joint should be performed."

CUMBERLAND INFIRMARY.

A CASE OF CHOREA, WITH APHASIA, FOLLOWED BY ACUTE RHEUMATISM; REMARKS.

(Under the care of Dr. LOCKIE)

CHOREA not infrequently comes on in the course of an attack of acute rheumatism, but the relationship between the two diseases is not often manifested as in this case, where the rheumatism developed some weeks after the first symptoms of chorea were noticed. Koch[1] has come to the conclusion that the choreic virus is so closely related to that of articular rheumatism that either form of the disease can be caused by it. Endocarditis is also closely related to chorea, and if in any case it precedes an attack of chorea, the endocarditis may in that case be considered as due to the choreic virus. With reference to the presence of cardiac disease in this affection, Dr. Osler[2] has found that out of 115 fatal cases of chorea which had been examined after death, the cardiac valves were normal in only ten, although there had been no evidence of cardiac disease in several of them during life. Naunyn[3] has described a curious case, in which a reddish-brown fungus was found at the base of the brain, also in the vegetations on the mitral valve, which fungoid growth was supposed to be the cause of the chorea in that case. We are indebted for the following notes to Mr. Louis E. Stevenson, house surgeon.

M. A. D——, aged eleven, was admitted to the Cumberland Infirmary on Feb. 12th, 1890, with aphasia and choreic movements equally marked on both sides. She had been quite healthy till two months before admission, when she was noticed by her family to be snappy, peevish, and irritable. She had been before somewhat hard worked at school. The choreic movements began on Jan. 31st, and were preceded by profuse diarrhœa, which exhausted the child somewhat. On Feb. 2nd she complained of headache, and her head felt hot. The child screamed a good deal during the night, and only spoke a few words during the following day. On the 7th she lost the power of speech. Before admission she had never vomited; the bowels were constipated after the primary diarrhœa. The movements first noticed by friends were—movement of the left hand especially, throwing back of the head, grimacing, and unmeaning laughter. It was noticed that the child slept fairly well, and that the movements ceased during sleep. Father alive, and perfectly healthy. Mother died of phthisis. Rest of family apparently healthy.

On admission the child was semi-conscious, but smiled when talked to. The movements of the legs and arms went on almost continuously. The left and right sides of the face were drawn up alternately at intervals. Pupils a little dilated; reacted to light; no inequality of pupils. An occasional internal strabismus was noticed. When told to do so, she put out her tongue quite straight, but it was soon jerked back in the characteristic manner. Abdomen not retracted. Pulse 90, feeble. No cardiac bruit. Temperature on admission 98°. No cough; lungs normal. Liver and spleen normal. The patient understood what was said to her, but could not speak.

Feb. 14th.—More conscious this morning; slept fairly well, and movements ceased during sleep. Took two pints of milk during the night

16th.—A good deal of crying last night. Passed no urine during the night. Passed only seven ounces yesterday. Bladder not distended this morning. Very restless. Has a slight cough. The child is evidently in pain. Hot fomentations ordered to be applied to the loins. Towards evening six ounces of urine were drawn off by catheter; it was found to be acid, with a copious deposit of urates, and contained albumen also. She has slept badly during the last two nights. Ordered six grains of bromide of ammonium every two hours till sleep is obtained.

17th. — No urine passed during the night. Takes a

[1] Arch. für Klin. Med., 1888.
[2] American Journal of the Medical Sciences, October, 1887.
[3] Mittheilung aus der Medicinischen Klinik zu Königsberg, 1888. Also Sajous, vol. ii. B., 1889.

quantity of milk well. To have digitalis fomentations to the loins.

19th.—A little more conscious; makes intelligent signs for drink. Had one dose of bromide of ammonium last night. Passed ten ounces of urine to-day. Bowels since admission very constipated, requiring occasional doses of castor oil. Ordered to-day a mixture containing five grains of acetate of potash, fifteen minims of liq. ammon. acetatis, and ten minims of sp. etheris nitrosi, in half an ounce of water, thrice daily. Fomentations continued.

21st.—Movements less pronounced to-day. Is more sensible; reflexes are active. To have a three-minim dose of liquor arsenicalis added to previous mixture.

22nd.—Optic discs normal; better; takes food well.

27th.—Said a few simple words to-day—"Yes," "No". Looks worse this morning; pulse 124; no cardiac bruit; not passing more than ten ounces of urine in the day; passed urine by herself for the first time to-day. Up to now the catheter has been used.

March 3rd.—Very restless at night. Ordered five grains of chloral at bedtime, and repeat in an hour if necessary.

4th.—Had one dose of chloral, and slept better. Has begun to pass motions in bed. Movements not quite so marked.

5th.—The dose of liquor arsenicalis was increased to four minims thrice daily.

10th.—Said "I want a drink" and "I want to go home" yesterday. All motions passed in bed. Dose of liquor arsenicalis increased to five minims thrice daily. Has rash, apparently due to chloral; the rash is papular, and is on the arms and over the abdomen.

12th.—Has pain and swelling of right knee. Ordered five grains of salicylate of soda every six hours. Other medicines stopped.

13th.—Left knee swollen and painful to-day. Joints wrapped in cotton-wool.

17th.—Chloral rash well marked. Albumen is ¼ by Esbach's albuminometer. To have seven grains of sulphonal in warm coffee to ensure sleep. Said to nurse, "Sit down on that chair," to-day.

21st.—To have four minims of liquor arsenicalis with salicylate. More sensible to-day; pain and swelling of knee have subsided.

24th.—To have salicylate (five grains) alone.

31st.—Complains of pain under the left nipple. Pleural friction can be heard. Temperature 103°. Ordered poultices locally.

April 1st.—Temperature 103·2°. Cough in the evening. No expectoration.

2nd.—Temperature 104°. No abnormal dulness found on percussion of the chest.

4th.—Temperature normal.

14th.—Had sudden pain in frontal region about 4 o'clock in the morning. Temperature rose to 103·2°. Had three grains of antipyrin, which soon relieved the pain. No cardiac murmur.

15th.—No pain at all to-day; slept all night. Temperature 101·2°. No sore throat.

24th.—Urine free from albumen for the first time since admission.

May 2nd.—No pains. Salicylate omitted. Ordered 10 grains of salicin thrice daily and two minims of liquor arsenicalis.

6th.—Allowed up. Fidgety when asked to stand still.

14th.—Still restless. The dose of liquor arsenicalis to be increased to four minims.

21st.—About 3 o'clock this afternoon she had a second attack of intense frontal pain, which lasted all day and night and prevented sleep. The temperature rose to 100°. No albumen in urine.

28th.—Dose of liquor arsenicalis increased to six minims. Still a little restless.

June 4th.—Last night the temperature rose to 100·2°. Perspired freely, but had no pains or headache.

7th.—Heart auscultated daily, and no bruit detected.

18th.—Discharged. All restlessness has disappeared.

Remarks by Dr. LOCKIE.—This was doubtless a case of embolism, and, if so, affords an illustration of the fact that vegetations may be present in the heart without giving rise to a cardiac bruit—a fact of which I have before had evidence in a case of chorea which terminated fatally. What was the significance of the attacks of frontal headache, with rise of temperature, may be considered doubtful, though they were probably embolic in their nature. The case is further interesting from the complete compensation which occurred as regards brain function, the youth of the patient contributing to this satisfactory result.

Medical Societies.

NORTH OF ENGLAND OBSTETRICAL AND GYNÆCOLOGICAL SOCIETY.

A MEETING of this Society was held at Sheffield on June 20th, Dr. Wallace, President, in the chair.

Dr. KEELING (Sheffield) exhibited the following specimens:—(1) Large Fibroid of Uterus removed by Abdominal Hysterectomy; (2) Uterus showing Fungoid Endometritis with Abscess of Ovary; (3) Bleeding Tumour of Fundus of Uterus, with Double Cystic Ovaries; (4) Ovaries removed for commencing Cystic Disease.

Dr. WALTER (Manchester) showed a microscopic section of Cystic Adenoma of the Cervix Uteri, removed by curetting from a patient aged forty-five, who was supposed to be suffering from carcinoma. The case was of interest (1) as indicating the importance of accuracy in diagnosis before resorting to serious operative measures, and (2) as affording an unusually good example of the microscopic structure of the glandular tissue of the cervix uteri in an hypertrophied and cystic condition.

Dr. ARTHUR HELME (Manchester) showed a Placenta with the remains of the Umbilical Vesicle.

Mr. RICHARD FAVELL (Sheffield) exhibited a large Fibro-myoma of Uterus.

Dr. J. W. MARTIN (Sheffield) showed a simple Papilloma of the Uterus undergoing fatty myxomatous degeneration.

Dystocia.—Dr. ARMSTRONG (Liverpool) gave notes of two cases of dystocia in primiparæ from capping of the head by the anterior lip. The author observed that capping of the head by the anterior portion of the cervix in the normal primipara only begins to act as a cause of dystocia when it refuses to yield. Thus the head entering the pelvis capped by a slowly dilating cervix, probably some days before labour, is directed backwards by the anterior portion of the cervix in the axis of the brim. This, as labour proceeds, should gradually recede, but, failing to do so, rotation of the occiput forward into the conjugate is prevented and an obstruction arises. Why the anterior portion should not yield is a matter of conjecture. The author advocated the early use of morphine or chloral to mitigate the intense suffering in the first stage, keeping up the effect by ether or one of its combinations, and the application of the forceps in cases where exhaustion is imminent, even before full dilatation.

Refilling of Tapped Ovarian Cysts.—Dr. WALLACE (Liverpool) read a note on the question of refilling of tapped ovarian cysts, or growth of the next in size, and showed a specimen cyst which had ruptured during bimanual exploration. It refilled, the ruptured opening having been closed anteriorly by adhesive localised inflammation of the cyst wall, omentum, and peritoneum.

Ophthalmia Neonatorum.—Mr. SNELL (Sheffield) read a paper on ophthalmia neonatorum and its prevention. He pointed out that at the Blind School no fewer than 39·6 per cent. of the cases were due to it. He divided the subject into two parts: (1) prevention of the disastrous results of the disease, and (2) prevention of the disease. Under the second head he referred to prevention as belonging especially to obstetrics, and alluded to the very general absence of any notice of the disease and its prevention in midwifery books or works for midwives or nurses. He strongly urged that in lectures and books the subject of prevention should be prominently mentioned. Credé's and other observers' results showed that prevention was thoroughly practicable. A simple but very efficient plan in use at the Sheffield Hospital for Women, as proved by statistics, was that of washing the eyes with plain water immediately the head was born. It was better to use some antiseptic with the water, and a sublimate solution was generally suggested for midwifery use, which would answer admirably.

Vaginal Hysterectomy for Carcinoma.—Mr. RICHARD FAVELL (Sheffield) read notes of a case. The patient, a woman aged forty-seven, underwent operation on May 29th. She had had nine children, the last child being born ten years ago. Menstruation had been regular, and was latterly accompanied by a good deal of pain, the period generally lasting six or seven days, and at times being rather profuse.

The uterus was freely movable, with pain of a stretching, tearing character radiating downwards towards the thighs. The patient was willing to undergo any operation for relief. After the operation the patient recovered with hardly a bad symptom, the temperature never being above 101°.

The Reciprocal Effects of Pregnancy and Parturition upon the Operation of Shortening the Round Ligaments of the Uterus.—Dr. ALEXANDER (Liverpool) read a paper on this subject. After a few introductory remarks upon the general utility and success of the operation, the author submitted the following propositions:—1. That the pregnancy is promoted in cases of retroflexion and retroversion of the uterus by this operation, and it proceeds and terminates, as a general rule, in a normal way. 2. That, in cases where the round ligaments have been shortened for backward displacements, the displacement does not usually tend to recur after subsequent pregnancies; whilst, in cases where the round ligaments have been shortened for procidentia or prolapse, the return of the downward displacement will depend on the amount of destruction of the perineum during the passage of the child. The anatomical and physiological considerations that favoured the truth of these propositions were considered. It was shown that the round ligaments were not required to stretch so much during pregnancy as was generally believed; that the uterus in its ascent into the abdomen accommodates its development to the length of the round ligaments; and that involution retraces the steps of evolution. Dr. Alexander reported seven cases. The first was a striking one, where epileptic attacks and a retroflexion coexisted, and where the cure of the retroflexion cured the fits, and repeated pregnancies since had not affected the normal position of the uterus. The second case was also very satisfactory. A lady aged thirty-eight, married seventeen years — sterility, retroflexion, and pelvic troubles all that time, — had her round ligaments shortened in January, 1887, and was delivered of a female child in August, 1889, the uterus maintaining its normal position after confinement. In this case the operation reached the highest possible point of success, and to it all the satisfactory results could be justly ascribed. The remaining five cases were more ordinary ones. In four retroflexion had been the disease, and in one procidentia. All were delivered without any inconvenience. In four the after-effects were, as far as known, satisfactory; in the fifth (procidentia) the perineum was ruptured during delivery, which was attended by a midwife, and, as it was not sutured, the uterus was being dragged down, when Dr. Alexander first saw the case afterwards. A ring pessary was introduced, to the great relief of the patient.

MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.

THE forty-ninth annual meeting of this Association was held on July 24th at the Royal Asylum, Gartnavel, Glasgow, under the presidency of Dr. Yellowlees. At the general meeting held in the morning the most important item of business was the consideration of the report of the committee appointed at the last annual meeting to inquire into the question of the systematic training of attendants. The committee unanimously recommended the following system of training:—(*a*) A period of three months' probation. (*b*) A period of two years' training and service in the asylum (including the period of probation) to be required before an attendant is allowed to become a candidate for examination. (*c*) The system of training to include (1) study of prescribed text-books according to the discretion of the medical superintendent; (2) exercises under head and charge attendants; (3) clinical instruction by the medical staff; (4) lectures or demonstrations, other than ward instruction, given by the medical officers, at least twelve of which shall be attended by each attendant during the two years' training; (5) periodical examination to test progress at the discretion of the medical superintendent. The scope of training was definitively decided, and the committee recommended that examinations for the purpose of granting certificates of proficiency to successful candidates should be instituted by the Association under certain conditions.

On the motion of Dr. Hayes Newington, seconded by Dr. Hack Tuke, the report of the committee was unanimously adopted, and the elaboration and practical organisation of the scheme was referred to the Council.

The President announced that the Gaskell Prize had been awarded to Dr. Robertson, senior assistant physician at the Royal Edinburgh Asylum, and the bronze medals and prizes of the Association to Dr. Mackenzie, Morpeth Asylum, and Dr. Johnson Smyth, Barming Heath Asylum.

The Association appointed the following delegates to the International Medical Congress in Berlin: Drs. Hack Tuke, Fletcher Beach, Campbell Clark, and Rutherford.

In the afternoon, Dr. Yellowlees delivered his presidential address, which dealt largely with a former scheme of the London County Council for the institution of a well-appointed hospital for the treatment of the insane as nearly as possible on the lines of a general hospital. Dr. Yellowlees criticised the attitude adopted by the committee of the London County Council in the matter, and replied very effectively to the aspersions which had been cast on the medical results of asylum treatment and the lack of original research in asylums. A discussion followed, in which Drs. Bonville Fox, Bowers, Urquhart, MacLeod, Fletcher Beach, and Rogers took part.

In the evening the members dined together at the Grand Hotel.

HOSPITAL SUNDAY FUND.

ON Monday, July 28th, a meeting of the Council of the Hospital Sunday Fund was held at the Mansion House, Sir Sydney Waterlow in the chair, in order to authorise the payments of the awards to 113 hospitals and 55 dispensaries as recommended by the Committee of Distribution, which consists of the Lord Mayor, Sir Sydney Waterlow, Mr. Thomson Hankey, Mr. J. D. Allcroft, Dr. Sedgwick Saunders, Sir Owen Roberts, Mr. A. Willett, Mr. F. H. Norman, Mr. H. Hoskier, and Mr. Bonsor, M.P. The following were the awards recommended:—

General Hospitals (twenty-two).—Charing-cross Hospital, £1010 8*s.* 4*d.*; French Hospital, £197 18*s.* 4*d.*; German Hospital, £677 1*s.* 8*d.*; Great Northern Central Hospital, £312 10*s.*; Guy's Hospital, £312 10*s.*; Italian Hospital, £93 15*s.*; King's College Hospital, £1406 5*s.*; London Hospital, £3125; Metropolitan Hospital, £312 10*s.*; Miller Hospital and Royal Kent Dispensary, £281 5*s.*; North-West London Hospital, £312 10*s.*; Poplar Hospital, £218 15*s.*; Royal Free Hospital, £947 18*s.* 4*d.*; St. George's Hospital, £1562 10*s.*; St. John and St. Elizabeth Hospital, £125; St. Mary's Hospital, £2083 6*s.* 8*d.*; Seamen's Hospital, £708 6*s.* 8*d.*; Middlesex Hospital, £2083 6*s.* 8*d.*; Tottenham Training Hospital, £302 1*s.* 8*d.*; University College Hospital, £1250; West London Hospital, £572 18*s.* 4*d.*; Westminster Hospital, £1145 16*s* 8*d.*

Special Hospitals.—Five Chest Hospitals, £3520 16*s.* 8*d.*; twelve Children's Hospitals, £3284 9*s.* 2*d.*; four Lying-in Hospitals, £494 15*s.* 10*d.*; six Hospitals for Women, £1536 19*s.* 2*d.*; twenty-four other special hospitals, £4273 19*s.* 2*d.* Twenty Convalescent Homes, £2998 13*s.* 4*d.*; eleven Cottage Hospitals, £545 16*s.* 8*d.*; seven miscellaneous institutions, £984 7*s.* 6*d.*; fifty-five dispensaries, £2319 8*s.* 6*d.* The total amount available for distribution was £41,061.

Sir S. Waterlow, in moving the adoption of the report, said between £500 and £1000 more had been received this year than in any previous year. It was satisfactory to know that an advance was being made every year, and that the movement still retained the confidence of the public. Referring to the proceedings before the House of Lords' Committee, he said that whatever might be the desirability of having a Parliamentary control over endowed medical charities, he would deprecate any such interference with those supported by voluntary contributions.

The motion was seconded by Dr. Sedgwick Saunders, and carried.

THE BECKETT HOSPITAL.—The twenty-fifth annual report of the Beckett Hospital and Dispensary, Barnsley, has just been issued. During the year ending May 31st, 1890, 2006 out-patients and 319 in-patients were attended to. The income of the hospital from all sources and the expenditure are so nearly equal that the extension of its work, so much desired by the management, is at present impossible.

THE LANCET.

LONDON: SATURDAY, AUGUST 2, 1890.

THE annual meeting of the British Medical Association, which has been taking place this week at Birmingham, does not appear to have suffered in any way from the near propinquity of the great international gathering which will be held next week at Berlin. In one respect it may have benefited by the conjunction, for many of the Transatlantic visitors to the Congress have been doubtless engaged there in whetting their appetites for the larger feast of reason. Nor can we imagine a place more fitted for the meeting than the midland capital. The history of the Association, which was primarily established to unite provincial practitioners in a common bond of fellowship, is connected in no small degree with that city. At one time, indeed, it was hinted that the proper place for the centre of the Association's work was Birmingham. There was some reason in this plea, and there might have been some advantage in the plan had it been carried out, for Birmingham has established considerable claims to be considered a city which is not only great in its industries, but which has played an important part in the municipal and political life of England, and which, moreover, has ever been foremost in educational movements. With pardonable pride one of the orators of the week alluded to its well-organised charities, and we all recognise the medical and surgical talent that has gathered within its boundaries. No wonder, then, if with all its material and social advantages Birmingham should aspire to lead, and perhaps fondly desire even to replace, the metropolis of England. However this may be, we naturally listen with respect to what its medical leaders have to say concerning education and practice. We may then profitably turn to the three addresses of Dr. WADE (the President), of Sir WALTER FOSTER, and Mr. LAWSON TAIT for their latest thoughts on these important topics.

Dr. WADE'S presidential address was mainly limited to a somewhat critical examination of the early training of the medical student—a praiseworthy subject, and one which should engage our thoughts more than it appears to do. Perhaps this is owing to the fact that, having an august body which spends a few weeks every year in discussing this and cognate problems, we are content to leave the matter in their hands. But Dr. WADE shows that even the General Medical Council itself stands in need of some enlightenment upon what is indeed its special duty; and with much that he said we are bound to agree. His clear distinction between mere "instruction" and true "education" is one which ought never to be lost sight of; and his plea for more thorough training in science will be endorsed by most medical teachers. If Dr. WADE be right in his conclusion that a lad of fifteen will have acquired sufficient knowledge of general subjects to fit him to enter a "learned" profession, for which the President tries to show even a rudimentary knowledge of Latin is no longer necessary, then it is clear that the system of preliminary examinations must be considerably modified; for full two years could then be devoted to scientific education—that is, in physics, chemistry, and biology—subjects which being strictly preliminary to the medical course ought to be relegated to the real entrance examination. Noting for the moment that herein Dr. WADE'S advocacy of the claims of science is at variance with that of his surgical colleague, who sees in such a course, much as TROUSSEAU did, the danger of overwhelming the "art" of medicine in science, we must express our conviction that the President is mainly right in his contention. Much as the University of London has been attacked for the stringency of its preliminary scientific examination, and with reason, there is no one who will venture to dispute the reasonableness of its requirement that such examination shall be passed before the anatomical course is commenced. The manner in which science is treated, by being made a *part* of medical study, instead of strictly *preliminary* to it, is one of the worst features of our modern curriculum. Dr. WADE has done good service in placing his finger on this blot of medical training in this country, and we trust that his outspoken appeal may not fall on deaf ears. If only the General Medical Council would ordain that, besides evidence of general education, the student should produce proof of scientific training before he was allowed to pass on to study his strictly technical subjects, a great step in advance would be made, and one, too, which would have the most salutary effect upon his subsequent course. As it is, the majority of students obtain but a smattering of those very subjects which form the basis of their future studies, from the simple reason that they are all forced into the "first year of medical study."

Sir WALTER FOSTER presented his hearers with an interesting review of the changes that have come over medical science and practice within our time. He was rather hard upon "expectancy," or that survival of faith in the *vis medicatrix naturæ* born of the knowledge of morbid lesions, and of a natural reaction against an unlimited belief in the efficacy of drugs. But he pointed to the revival of faith in therapeutics as being in great measure due to the clearer notions that are being gained concerning the nature of disease-producing agencies. Nevertheless, it is too much to claim for bacteriology that it has given large aid as yet to the direct treatment of disease. Whatever advances have been made in therapeutics have been in the main due to a more intimate knowledge of the needs of the organism when its mechanism is deranged, and of the properties of the substances employed to meet these requirements. The great gain resulting from the recognition of the germ theory lies in other directions—viz., in the indications for supporting the organism to withstand the inroads of the bacterial parasites, and in the still wider field of prevention. Not the least interesting portion of Sir WALTER FOSTER'S address was his sketch of the growth of preventive medicine in this country, and of the advances made by legislation for the general welfare even at the expense of individual liberty.

Lastly, Mr. LAWSON TAIT dealt in a characteristically trenchant fashion with some of the fallacies of the training and practice of the surgeon of to-day. He regarded surgery too much in the sense of the craft, and was far too sweeping in his condemnation of science as an element in the early

education of the medical student. Yet it is impossible not to feel the justice of some of his criticisms upon the degree to which such subjects as anatomy and physiology are now carried, as if a knowledge of their most intricate facts and theories were absolutely essential to the future surgeon. No doubt some reform is needed here, for the end in view is, not to create a race of pure anatomists and physiologists, but to fit men to be capable practitioners; yet because these subjects are taught too deeply, therefore all science is to be expunged from training is a conclusion which cannot for a moment be sustained. A well-balanced scientific training is, we hold, the best foundation for future medical or surgical practice, and the satire so plentifully bestowed by Mr. TAIT cannot affect this truism. By all means encourage the art of surgery, make education as practical as possible, and cultivate the powers of manipulation, but see that the mind is trained as well as the hand, and the powers of reasoning and judgment developed in due proportion. This topic, however, formed but a small part of Mr. TAIT'S address. Of the rest—the change in surgical practice due to the introduction of anæsthesia, the development of such branches of surgery as ophthalmic and abdominal surgery, the deprecation of "theories" in general and of "antiseptic" in particular, the suggestions for the record and comparison of surgical results, and the craze for the adoption of new methods of treatment,—all these, handled in a style which was at least attractive and was certainly piquant, must have come as a pleasant change to the members of the Association after the more serious and sober sayings of the orators of the preceding days. The topics raised by Mr. TAIT are, however, too varied to be dealt with now. They will doubtless give rise to ample criticism, for the opinions that he boldly expressed are such as may well have occurred to many who have thought on the subject, although perhaps few may have ventured to adopt them all in so uncompromising a spirit. At any rate, Mr. LAWSON TAIT'S address will be regarded, as it deserves to be, as one of the most interesting features of the Birmingham meeting.

BY far the most efficient barrier against progress in our knowledge of the pathology and correct treatment of diseases of any organ is the absence of accurate information as to its normal structure and functions. In no department of medicine has this been more conspicuous than in neurology. If we consult a standard work on the subject written fifty years ago, it is only too often found that, unrestrained by correct knowledge of the anatomy and physiology of the nervous system, the author allows his fancy free play when describing the pathology of various diseases, and not infrequently, on the strength of this erroneous pathology, recommends treatment that, with our present knowledge, we regard as useless or even harmful. Even at the present day our knowledge of this subject is most incomplete, and many modes of treatment now in vogue, based on this defective knowledge, will almost certainly stand condemned in the fuller light of future observation and research. Few discoveries have done more to set our knowledge of the functions of the brain on a firm basis than that of the localisation of movements in the cerebral cortex. This fact, insisted on thirty years ago from clinical observation by Dr. HUGHLINGS JACKSON, was demonstrated by FRITSCH and HITZIG in 1870. But it was reserved for Dr. FERRIER to make that accurate and extensive series of experimental researches which once and for all established the doctrine of localisation, to demonstrate in many of the lower animals (and particularly in monkeys) the exact position in the cerebral cortex in which the individual movements were represented, and to indicate the probable position in man of the same areas. In delivering the recent Croonian Lectures at the Royal College of Physicians, Dr. FERRIER naturally took for his text "Cerebral Localisation," and in his six lectures went fully over the subject as far as it related to the cortex of the cerebrum, and not merely furnished his audience with a clear account of the views and observations of other authors up to the present time, but also described the result of many recent experiments which he had himself undertaken to clear up disputed points.

From the experiments of STEINER and others on osseous fishes and on birds, Dr. FERRIER believes that the old view, that destruction of the cerebral hemispheres causes entire absence of spontaneity in the movements &c. of the animal operated on, can no longer be accepted without reserve. Fishes so operated on appeared to see and avoid obstacles. They perceived food and seized it, and had no difficulty in distinguishing and rejecting counterfeits. Frogs, again, under similar circumstances, were able to swim, catch flies that were buzzing round them, and to bury themselves on the approach of winter. In birds the evidence is more contradictory, but there seems reason to believe that pigeons deprived of their cerebral hemispheres are still able to see and to guide themselves to their food. In mammals complete extirpation of the hemispheres with the basal ganglia is incompatible with life; but in rabbits in whom the hemispheres were removed (the optic thalami being left), although the animals reacted readily to stimuli, there was an entire absence of spontaneous movement. In the higher mammals and in man the results of experiment and of pathological observation leave no room for doubt that, if compatible with life, removal of the hemispheres would entirely abolish all spontaneous movement.

The rest of the lectures are mainly occupied with a consideration of the sensory centres in the cortex. With regard to the visual centre, not much that is fresh was adduced; but Dr. FERRIER withdraws from the position formerly taken up by him that this centre is confined to the angular gyrus and includes a large part of the occipital lobe, although he maintains that in monkeys this region is less important than the angular gyrus. In man, pathological evidence points to the occipital region as the chief seat for the reception of visual impressions, while the angular gyrus appears to be a higher centre for the elaboration of the sensory processes. With regard to the sense of hearing, Dr. FERRIER has performed a fresh series of experiments, the result of which, as well as accumulated clinical evidence, confirm the accuracy of his original localisation of the auditory centre, mainly in the superior tempero-

sphenoidal convolution, although there may be also a slight "representation" in the other convolutions of the temporal lobe. Further experimental observations made on smell and taste, as well as researches on the comparative anatomy of the brain, justify the allocation of these senses to the region of the hippocampal lobule. Common sensation is still held by Dr. FERRIER to be localised in the hippocampus and the gyrus fornicatus, and there only. He entirely rejects the idea that any sensory function resides in the so-called "motor areas," but on this point his teaching does not appear to be marked by the same judicial tone which characterised the earlier lectures. In dealing with the vexed question as to whether any sensory disturbance follows experimental or pathological lesions confined to the motor areas, the views of others seem to be inaccurately represented. Dr. FERRIER assumes that it is a question of coarse sensory disturbance, and shows conclusively enough that in his monkeys there was no coarse sensory defect. The sensory defect which has been recorded by other observers after localised lesions in man, due to surgical operation or disease, has not been of a gross nature, but of a slight and partial character, revealed only by careful testing, and consisting in a great defect of muscular sense and sense of position in the affected limb, inability to localise stimuli accurately, and often slight blunting of cutaneous sensibility, as compared with the opposite side. Such slight disturbances Dr. FERRIER throws lightly on one side, and, in dealing with a considerable mass of evidence pointing in this direction, he seems too ready to reject repeated observations by most careful observers which do not fit in with previous theories. In so doing he himself relies mainly on theoretical considerations and on a single unconfirmed observation by a French experimenter. The question is one on which the evidence is still conflicting, and it is wiser to wait with an open mind for more light than to decide hastily on a matter of great interest and importance.

The subjects treated in the lectures also show how necessary are clinical and pathological observations as a complement to experiments on animals, and *vice versâ*. On the one hand, "the damage by disease is often coarse, ill-defined, and widespread," and, consequently, in his early researches Dr. HUGHLINGS JACKSON was unable to give more than a general indication of the localisation of function in the brain of man, a localisation which afterwards became easy when the excitable parts of the brain of monkeys had been accurately worked out. On the other hand, observations on animals have disadvantages, and may occasionally mislead, unless weighed along with clinical observations on man, as is illustrated in the earlier restriction of vision to the angular gyrus, a limitation which clinical observation and subsequent experiment have shown to be much too narrow. So also with other forms of sensation. Fallacies may easily creep in owing to the fact that animals give us no sign of slighter forms of disturbance of the special senses or of common sensation, and it may consequently be impossible to detect them; while in man we can readily obtain information as to the sensations which are excited. Dr. FERRIER hinted that he was pursuing the investigation of many of the disputed points to which we have referred, and we trust his researches will yield results as interesting and valuable as those embodied in the Croonian Lectures.

WE have recently referred to the action of the Corporation of the City of London in instituting an inquiry into the London water-supply, to the introduction into Parliament by the London County Council of clauses in a Bill by which that body might themselves make inquiry, and to the reply of Mr. RITCHIE to a deputation from London local authorities on this subject. There is, therefore, every reason for believing that London is definitely awakened to the necessity of obtaining possession of the water companies' undertakings, or of an alternative supply to that which now exists. A correspondent, obviously well informed, writing to *The Times*, has given an interesting account of the position of London in relation to this subject, and of the history of the effort made some ten years ago to induce Parliament to take steps to buy up the undertakings. For this effort we are indebted to the late Professor FAWCETT, who reminded the House that a Select Committee, with Mr. RITCHIE as chairman, had recommended that the companies should be superseded by a single body, which should administer the supply of water not so much for profit as for the public advantage, and that this would save £18,000 paid annually in directors' fees alone.

Notwithstanding the opposition of Mr. SCLATER BOOTH (now Lord BASING), the Government determined to meet this request, and Mr. E. J. SMITH was instructed to negotiate for acquiring the undertakings. The agreements, which were concluded, arranged for the payment of an annual sum, the capitalised value of which was over thirty-three millions. The experience of the last ten years has shown that no objection could be taken to the valuation of the Lambeth and West Middlesex Companies' interests, but in the case of the Southwark and Vauxhall and the New River Companies the ratepayers would have been losers. The aggregate market value of the shares, says *The Times* correspondent, is now about £29,300,000, which with 10 per cent. added for compulsory purchase would amount to £32,230,000, the sum paid annually in interest being £966,900.

A strong case is evidently made out for the purchase of the existing interests, but side by side with this has to be considered the sufficiency of quantity, and the wholesomeness of the water which these companies can supply. General SCOTT, in his report for 1887, pointed out, we are reminded by *The Times* correspondent, that the water-supply of both the North and East of London was entering on a critical stage; and in the following year he reported that the whole volume of the river Lea was practically absorbed by the New River and East London Companies; that the population supplied by these two companies was increasing by nearly 40,000 a year; and that within five years, unless they could double their supplies from deep wells in the chalk—and this he thought very doubtful—they would be unable in a dry season to furnish the amount of water required.

The five companies deriving their supplies from the Thames are not, it appears from this statement, in the same position, but there must eventually arise difficulties

with which they will have to contend, for they are already drawing more water from the Thames than is permitted by Act of Parliament. Shortness of water-supply is already not unknown to Londoners, and this will become more evident when, through the introduction of a constant water service, the means for storing water in houses has disappeared.

But while London appears to be growing more rapidly than the power of the water companies to supply it with water, there is increasing ground for doubt whether the rivers Thames and Lea can be eventually trusted as entirely satisfactory sources. The population on the banks of the Thames above the intakes of the water companies is multiplying, and the risk from cesspool drainage is becoming greater. Quite recently Mr. E. L. JACOB has reported on an outbreak of enteric fever affecting twenty-four persons through drinking water from the Wey at Farncombe, and the Wey, it will be recollected, discharges into the Thames not far above the intakes of some of the water companies. The condition of the Wey has been lately the subject of investigation by Dr. EDWARD SEATON, and the account given in his report is certainly such as to create anxiety. So seriously, we are told, do the Local Government Board regard the discharge of sewage from Godalming into the Wey that they have declined to sanction the borrowing of money necessary for outfall works unless a scheme for broad irrigation is adopted.

It appears, indeed, that the permanent ability of the water companies to supply London with wholesome water is open to serious doubt, and it is obvious that none but a single body acting for the whole metropolis could undertake to supplement the supply from a distance. It can hardly be doubted that the water companies would themselves be willing to surrender their liabilities and their profits at the same time. The creation of the London County Council appears opportune, since for the first time a body exists which is able to act for the metropolis, but it will be no easy matter to assess the value of the undertakings if regard be had to the possibility that eventually some other source must be found for domestic water-supply than the Thames and the Lea.

A PAPER recently read by Dr. FLEMING before the Southern Counties Veterinary Association serves to clearly illustrate the fact of the existence of variolous disease among many species of animals having widely different characters as regards its clinical course, manifestations, transmissibility to other species, and the degree of protection afforded thereby. The subject cannot fail to be of great interest, and it is, above all things, desirable that it should be viewed impartially. It is, then, especially valuable to receive the opinions thereon of so accomplished a veterinary observer as Dr. FLEMING.

The initial difficulty lies in the determination of the precise position of the "variolæ" and their relations to one another. Affections marked by cutaneous eruption of vesicular type, accompanied by fever, vary to a remarkable extent in different animals in respect of their infectiveness. For whereas some forms seem to be transmitted with readiness to animals of other species, and to exhibit the characters of the disease whence they originally spring, yet in other instances they never assume the type of the "variola" common to the inoculated animal; and again in some no such transference seems at all possible. It is easy to suppose that in these affections we are dealing with wholly distinct diseases, and that all that is necessary is to recast our nomenclature, so as for ever to mark the essential difference between them; but this is merely to evade the true problem, which is based on the admitted fact that one attack of such disease is protective from another attack, and that in some cases the virus obtained from one species of animal will, on inoculation in another species, confer as much "protection" as a primary attack of the disease itself. This we believe to be as assured a fact as any in pathology, and it is hardly possible to avoid the inference that there is between some of these affections so close an alliance as to amount to identity. Absolute proof of such identity is at present not available. That it will eventually be forthcoming is tolerably certain, and it is by no means unlikely that future pathologists will contemplate the controversies of the present century on this matter with surprise that so manifest a fact should have been obscured by so much subtle reasoning.

In his paper Dr. FLEMING treats mainly of the three affections known as sheep-pox, horse-pox, and cow-pox. With regard to sheep-pox, which, of the three, most resembles human small-pox in its clinical characters, he points out that its occurrence is quite independent of the prevalence of the latter disease. Comparatively rare in this country, sheep-pox is fairly common on the Continent, whilst it is unknown at the Antipodes and in Africa, where small-pox is rife. "Ovine variola" does not protect from small-pox in the human subject, nor does the inoculation of human variola in the sheep produce sheep-pox. It is said that sheep-pox can be transmitted to the goat, but not in a very striking manner. On the other hand, experimenters have succeeded in inoculating it upon hares and rabbits. Of more interest in relation to small-pox is the horse-pox; for this is not only clearly transmissible to man and the cow, but when so transferred it is scarcely, if at all, distinguishable from true cow-pox. Dr. FLEMING advances a good deal of evidence in support of this statement, which singularly confirms the notion of JENNER, for which the latter has been attacked in some quarters. Dr. FLEMING claims that since BOULEY'S researches in 1864 there is no doubt as to the identity of horse-pox and cow-pox—so far, at least, as inoculation is concerned,—and yet in origin they are quite independent. In fact, his argument favours the conclusion that although these three "variolous diseases" in the horse, cow, and man are distinct, yet the inoculation of the virus of either of these affections protects from small-pox in man. The inoculation of small-pox, on the other hand, does not produce either affection in horse or cow; for, as regards cow-pox, Dr. FLEMING speaks with confidence that the generally accepted doctrine of its being "modified variola" is a mistake, and affirms that the historical experiments of BADCOCK and CEELY were nothing more than variolation. If this be so, how comes it that of the vast number of individuals who must have been vaccinated from the sources supplied by BADCOCK few have exhibited variola rather than vaccinia? Dr. FLEMING says that for years he has "protested against the dangerous and fallacious doctrine" that cow-pox is merely small-pox passed through the cow. But when he

also asserts that vaccination from "variolated cows" should produce variola and not vaccinia, one naturally asks for proof that it has done so.[1] The difficulties in the way of proving that cow-pox and horse-pox are identical, are we think, greater than seems to be admitted. It would appear, however, that a way out of the dilemma might be found by assuming the absolute impossibility of inoculating cattle with the virus of human variola, and by attributing the effects noted by BADCOCK to non-specific irritation at the seat of inoculation. If so, vaccination from such a source would produce neither vaccinia nor variola, and would be simply "spurious."

THE close of the Summer Session has practically put an end to the negotiations between the different bodies interested in the reconstitution of the London University, and, as they cannot be resumed until October next, it will be of interest to our readers to point out the present position of the scheme. The Teaching Colleges, subject to a few minor modifications in detail, have frankly accepted it, and have agreed to become Constituent Colleges in the University as advised by the Royal Commissioners, and they are now only anxious that a new Charter should be applied for as soon as possible. The Fellows of the Royal College of Physicians on Monday last unanimously decided to reaffirm the principles of the report of the Joint Committee of Delegates—viz, to ask for representation on the Senate, the admission of the various London medical schools as Constituent Colleges, and the retention of the Matriculation and Preliminary Scientific M.B. Examinations in the hands of the University alone. To secure these objects, the College of Physicians, following the report of the delegates, asks for six representatives of the Royal Colleges on the Senate and four direct representatives of the Constituent Colleges in the Medical Faculty, in addition to three members proposed to be elected by the Faculty of Medicine. Such a Board would constitute a Standing Committee of the Senate for the Faculty of Medicine, to which would be referred all questions concerning the professional examinations for the Pass M.B. degree. Obviously such a Standing Committee would be a part, and under the direct control, of the Senate as a central authority. In fact, the Fellows of the Royal College of Physicians have determined that, in order to secure an academic degree for London medical students, they are prepared to enter into an organic union for the proper carrying out of this most praiseworthy object. The Council of the Royal College of Surgeons has referred back this report of the joint delegates of the two Colleges, and avoids all reference to the change in the later schemes made by the formation of a Standing Committee of the Senate for the Faculties of Arts and Science, in connexion with the Constituent Colleges. "This committee shall consist of the President and Principal of University and King's Colleges, of the Fellows elected by them, of the six Fellows elected by the Faculties of Arts and Science, and of ten other Fellows to be elected by the Senate annually. To this committee are assigned the organisation, improvement, and extension of University teaching in Arts and Science in London, and the supervision of the examination of students from the Constituent Colleges." To this great departure the Council of the Royal College of Surgeons shuts its eyes. It would still seem to wish, notwithstanding the report of the Royal Commission, to give the title of *doctor*, without any due evidence of academic culture or training, merely on the report of the examiners of the Conjoint Board, and will therefore go no further than to form a hybrid committee from the Royal Colleges and the University of London for the supervision of the Pass M.B. examinations. The two Royal Colleges are therefore placed in the anomalous position of appealing to the Senate as to whether their proper position is *in*side or *out*side that body. The financial clauses in the report of the joint delegates have been abandoned by the College of Physicians, and we can hardly suppose that the sister College will really propose to the Senate to levy a heavy fine on every pass graduate of the University. If so, we may indeed despair of a fair degree for average London medical students. The provincial University Colleges, in their own interests, must object to some parts of the scheme as now framed and as it will be presented, for modifications which do not entirely change its character can affect them very little, and it is also clear that the spirit of the alterations throughout is not such as is likely to commend them to the present graduates. The Senate decided on Wednesday to place its difficulties before the Lord President of the Privy Council.

[1] Dr. Fleming states that this has happened, for, speaking of Badcock and Ceely's experience, he says: "Either these men have misinterpreted the results of their trials or they have made grave mistakes. Their statements have on several occasions given rise to serious consequences, as when medical men, desirous of obtaining a stock of lymph, have inoculated cows with small-pox matter, and, from the spurious vesicle produced, have vaccinated people, and thus caused a widespread outbreak of small-pox." It would be well if Dr. Fleming would supply the precise authority for this statement.

Annotations.

"Ne quid nimis."

THE "GROTESQUE" EXCESS OF THE PROFESSION IN THE UNITED STATES.

THE study—or rather the practice—of medicine seems to have a strange fascination for the youth of the United States. The *New York Medical Record* says there is no more curious social phenomenon than the popularity of the medical calling as a means of livelihood. The facts are certainly striking. Whereas Germany, with a population of 45,000,000, can do with 30,000 doctors, or one to 1500 of the population, graduating 935 annually, and France, with a population of 38,000,000, with 11,995, or one to 3167, graduating 624 annually, the United States, with a population of 60,000,000, has 100,000 doctors, and graduates 3740 annually. Oddly enough, the country that comes next in the number of its medical men is the United Kingdom, with its 35,000,000 population, and 28,348 practitioners, or one to 1234. How shall we account for the fascination of the medical calling to American youth? We fear the great explanation is the facility of entrance. A short curriculum and the absence of the test of a preliminary examination make a short and easy way to a title and a professional career. In the important letter of Dr. Roosa, which we published last week, and which gives an account of the state of legislation as affecting medical education, he says that "until two years ago no preliminary examination of any kind was necessary to enter upon the study of medicine in the State of New York,

and for that matter in most, if not all, the States of the Union." A very simple examination was then enacted in the State of New York, and even this enactment has been so far altered at the instance of some of the New York Colleges that the preliminary examination in certain cases may take place during the three years of professional study. It is treason to the profession to facilitate the entrance of uneducated men. Dr. Roosa points out in his letter that three Medical State Boards have been instituted in the State of New York alone. No matter what a man's degrees may be, or from what college, after 1891 he will have to pass one of these State Boards, appointed on the nomination of representatives of the three sects of medicine which seem to be recognised in the State—the Regular, the Homœopathic, and the Eclectic. It is a poor compliment, but perhaps a just retribution, to the colleges that have been so eager to attract numbers to them, that henceforth their degrees are not to count as guarantees of fitness to practise, but must be supplemented by a State diploma. We must hope that this is not a final condition of things, and that State Legislatures will recognise that medicine is one and indivisible, and that while no differences of opinion on questions of therapeutics should exclude men, the Legislatures should severely secure for candidates a good preliminary education and a sufficient curriculum at a fully equipped school. If the numbers were reduced by half, and the process of education lengthened and strengthened, it would be well for the United States.

THE SANITARY STATE OF HASLEMERE.

WE gave in a recent issue a summary of a report which Dr. Edward Seaton had presented to the Surrey County Council on the sanitary state of Haslemere, from which it is evident that an otherwise charming and attractive spot in Surrey presents many conditions which will be the reverse of attractive to those who, in seeking rest, change, and scenery in Surrey, desire to avoid conditions obviously calculated to cause risk to health. In May last we felt it our duty to raise a note of warning as to the persistent neglect which had long characterised sanitary action in Haslemere, and the result was a series of loud complaints, and this especially from a certain section of the local press, to the effect that our statements were not justified, and that the actual facts recorded had been exaggerated. The publicity given to the matter necessitated action by the County Council, and Surrey having as yet no medical officer of health, Dr. Seaton, one of the metropolitan medical officers of health, and lecturer on Public Health to St. Thomas's Hospital medical school, was called in as an independent expert to report on the circumstances of the place. He confirms all that has been alleged against Haslemere and its sanitary state, and it is to be hoped that the sanitary authority and the inhabitants of the place will now see that their true advantage lies, not in attempting to depreciate the value of the reports that have been made as to former neglect, but in grappling with the difficulties which stand in the way of such systematic sanitary administration as will secure a permanent remedy for the evils complained of. Thus far, the outlook is not very promising. At the last meeting of the Hambledon rural sanitary authority the medical officer of health, Mr. Napper, in referring to Haslemere, could only resort to that faint praise which is so significant in its meaning. Of the general condition of the place he said it was "fairly healthy," the water-supply being also described as "fairly good." And we very much fear that a really healthy Haslemere, having a really good water-supply, is hardly likely to be the outcome of the action decided upon. Having before them two medical reports, one by the officer of the county, and one by their own health officer, all that suggested itself to the authority was to deal with the matter as if current nuisance removal were alone in question, and we are told that "the inspector of nuisances was required to inquire into and report upon the nuisances mentioned." This seems to be another of those many instances in which general sanitary administration and the care of the public health are looked upon year after year as matters properly to be dealt with by a nuisance inspector.

ANOTHER BABY-FARMING CASE.

THE several stages of the process of baby-farming cannot always be traced so exactly as in an aggravated case examined a few days ago by Dr. Macdonald, coroner for East Middlesex. The child, as usual illegitimate, was, in answer to an advertisement, consigned to the charge and the "Christian home" of an unknown woman, but with no apparent desire on the part of the parent that it should be allowed to die. No money was given. For about a week the receiver kept it. At the end of that time the infant was found on the top landing of a tenement, and soon after its late keeper brought another to her lodging. Besides these, a nurse-child aged one year, and worth 5*s.* a week, was already in her possession. The deserted babe, though found and provided for by more careful hands in Shoreditch Infirmary, died a few days later, the primary cause, as proved by post-mortem examination, being sheer inanition, aggravated by an intercurrent diarrhœa. The facts of temporary possession and of desertion were clearly brought home to the woman, whom the jury very properly held to be culpably responsible for the fatal issue. The details of this case are entirely characteristic. We have the unwanted child, the parent encumbered by its presence, the false friend in false need with her "Christian home," the neglect, and the death. Notwithstanding the moral cogency of circumstantial proof, the offender may in this instance, as in many others, escape the punishment which would fittingly requite her conduct, since it was not shown that exposure had hastened the poor child's end, and the previous neglect was a fact of less obvious import. One feature about the case is encouraging. This is that the work of detection was due in a large measure to information furnished by disinterested persons, an evident sign that public attention has not been directed in vain to the stealthy cruelties committed by the baby-farmer.

SEA VOYAGES.

A CORRESPONDENT writes: "I am glad to see in THE LANCET an article saying so much in favour of sea voyages, but I think you have omitted one very important point—viz., the very great advantages of a sailing ship over a steamship, such as the greater cleanliness, freedom from smoke, and especially the freedom from that most unpleasant oily smell of the engines, also the greater size of the cabins. I speak from experience of a voyage to Australia and back in sailing ships, from which I derived much benefit. I was lately in a steamship and was greatly surprised at the difference; go where I would on the ship, I could never escape from that oily smell of the engines. The food on the sailing ship was very good indeed." Exigencies of space forbade a comparison of the merits of sailing vessels and steamships in the article to which our correspondent refers. The point is, however, well worthy of attention, and the advantages of a sailing vessel enumerated above are real and important. A sailing vessel is usually cleaner, quieter, and roomier (in proportion to the number of passengers) than a steamer, and on a long sea voyage the importance of cleanliness, quiet, and space can hardly be overestimated. If no other considerations had weight, it would

not be difficult to lay down the rule that for invalids a sailing vessel should always be preferred to a steamer. But the question is more complicated than our correspondent's letter would seem to indicate. A sailing vessel is open to the objections that the voyage is sometimes very prolonged and monotonous, that the detention in the hot and moisture-laden atmosphere of the Belt of Calms may extend to a week or a fortnight, and is a very trying time, and that few or no opportunities are afforded for touching at ports to obtain fresh vegetables, fruit, &c. Some animals, such as pigs and ducks, thrive well at sea, and their flesh remains agreeable and nutritious; but sheep and bullocks, not to mention chickens, turkeys, &c, nearly always show more or less deterioration in the quality of their meat after a few weeks at sea. Steamships with their ice chambers can surmount this disadvantage, but it is generally more or less felt on sailing ships, above all if the voyage is very prolonged. There is another point that must be kept in view in considering this question—viz., that steamships are more and more driving sailing ships out of the trade, and that the choice among the former is very much wider than among the latter. We mention these facts in order that the *pros* and *cons* of the case may be kept before our readers, but we by no means wish to imply that steamships should generally, and as a matter of routine, have the preference over sailing vessels. In this connexion we may refer to an article which will be found in another part of our present impression, page 226. Much will turn upon the patient's malady, and upon his general constitutional state and usual mode of life. For serious cases (when such can be prudently sent to sea at all) a sailing vessel, always provided that reasonable comfort can be assured, will generally be preferable. Life on a steamship is too much like life in an hotel to suit such cases. Again, if the patient be specially desirous of perfect rest and quiet, a sailing vessel will best meet the case. On the other hand, if the case be one mainly requiring change and travel, if the patient likes company, and must have variety and amusement, and if he cannot be content without a very liberal and constantly varied dietary, then a first-class steamship will probably please him best. Some patients, again, want "to see the world," and take great delight in the various calls made at different ports. Such persons must remember that sailing vessels hardly call anywhere, and very commonly make the long voyage to the Antipodes in a single run. Probably a well-appointed yacht affords the best type of what is most desirable for travellers by sea; and while such is only at the disposal of a very limited number of patients, it is possible that "invalid ships," which are now becoming a recognised institution, may be gradually approximated in some degree to this type.

THE CASE OF SIMPSON v. WARREN.

THIS was a case tried at Manchester in which the executor and representative of the deceased patient refused payment of a bill for £65 for medical attendance from July 1st, 1888, to Jan. 31st, 1890, on the ground that the patient was a member of a club attended by Dr. Simpson. The plaintiff alleged that the club card produced was that of another person. The judge was satisfied on this point, and regarded the attendance as that on a private patient; but, looking at the circumstances of the patient, he reduced the bill to £22 10s., and gave judgment for the plaintiff for that amount. He thought 5*s.* a week would be fair for the attendance, and £5 for the medicines supplied. This is a new medical tariff, carrying the imprimatur of a judge We should be glad to have from Dr. Simpson more particulars of the case and circumstances of the patient before we can accept it as a proper estimate of medical service. We have frequently to recognise the justice of judges and juries in disputes concerning medical charges, but further elucidation is necessary before we can, even on the authority of a judge, admit that 5*s.* a week, where more is practicable, is a fair return for attendance.

POLLUTION OF THE WEY.

THE Sanitary Committee of the Surrey County Council have received from Dr. Edward Seaton a detailed report of the condition of the Wey, in which it is stated that the chief polluting matter is the quantity of trade refuse that is allowed to flow into the river. Guilford, the report says, has taken the necessary steps for providing the town with sewerage and outfall works, but Godalming is still without any immediate prospect of being so provided; besides the ordinary slop water which constitutes a large part of the sewage of every town, there is in this instance drainage into the river from slaughter-houses, a large quantity of liquid filth daily flowing into the river by drains or culverts, one of which may be seen delivering into the Wey below Godalming bridge. In addition to this, the river receives by means of a tributary the drainage of a large tannery, and in other situations similar sources of impurity were found. This report, taken in conjunction with that of Mr. E. L. Jacob, on an outbreak of typhoid fever occurring among people drinking water from the Wey, must be seriously considered by the local sanitary authorities. The Surrey County Council has determined to send to the Local Government Board the information they have received, and it may be hoped that that board will not hesitate to use the powers it possesses of requiring the necessary work to be carried out.

"THE STORY OF THE INTRODUCTION OF CHLOROFORM."

MR. JOHN MARSHALL, F.R.S., sends us the following interesting observations:—"In the letter of A. C. P., relating to the story of the introduction of chloroform, it is stated that, 'having inhaled several substances, but without much effect, it occurred to Dr. Simpson to try a ponderous material, which he had formerly set aside on a lumber table, and which, on account of its great weight, he had hitherto regarded as of no likelihood whatever. That happened to be a small bottle of chloroform' (page 204). Now, I believe the history and source of this bottle of 'ponderous material,' thus temporarily 'set aside on a lumber table,' is that it was sent to Dr. Simpson by the late Professor Thomas Graham from his laboratory at University College, where it had been made for use as a then rare lecture specimen. I believe that other rare 'etherial' or 'metherial' fluids were also generously presented by Professor Graham to Dr. Simpson for trial. I can understand how, from its 'small size,' it was first set aside as 'lumber,' for I particularly remember that Professor Sharpey, my revered master, always, in relating this history, spoke of the kindness of Professor Graham in parting with this valuable specimen of a then novel and unused etherial fluid."

ISOLATION WORK IN SALFORD.

ON the resignation by Dr. Tatham of the post of medical officer of health for Salford, the office of medical superintendent of the Wilton Isolation Hospital, also held by him, was conferred on Mr. John W. Mullen, who for many years had served as resident medical officer to that institution, and Mr. Mullen now reports on his proceedings for the year 1889. During the year the Wilton hospital became full; a large number of cases were sent to the Monsall Hospital; and later on, the latter hospital being unable to receive any more Salford cases, diphtheria had to be

temporarily isolated and treated in the infectious sheds attached to the Hope Poor-law Infirmary. No concurrence of circumstances could more completely have shown the wisdom of the Salford Corporation in deciding to provide new and increased hospital accommodation on the Ladywell site, and it is to be hoped that the new establishment will now soon be ready for the reception of patients. Apart from children sent to the Pendlebury Hospital, 988 infectious patients came under isolation during the year, and it is very satisfactory to observe that a large majority of these came from the class of operatives and artisans, a class in whose homes isolation cannot possibly be carried out. Mr. Mullen's report contains a large amount of statistical and other detailed matter, and it affords an excellent type of that which an annual report on a large infectious hospital should embody. A tribute of praise is borne in it to the lady superintendent, who has, with an excellent staff of nurses, worked hard for thirteen years to overcome the difficulties attaching to so imperfect an aggregation of buildings as go to make up the Wilton hospital, and the success attained is shown, amongst other things, by the fortunate circumstance that no member of the staff contracted any infectious disease during the year.

PENETRATING WOUNDS OF THE ABDOMEN.

FROM a report on Penetrating Wounds of the Abdomen presented to the Chilian Medical Congress, and printed in the *Revista Médica de Chile*, it would seem that the author, Dr. Barros Borgoño, has some cause to congratulate himself on his plan of treating such cases, as a rule, in an expectant manner—that is to say, without operation, but with ice and opium and no food. Eight were cases of revolver wounds, of which four recovered and a fifth lived for seven months, dying ultimately of tuberculosis. In two of the cases that recovered there was some doubt as to whether there was perforation, but in the remaining six there was no room for doubt. In one of the cases in which recovery occurred the stomach was wounded; in another the colon was wounded from behind. Forty-six penetrating wounds of the abdomen by a sharp instrument are tabulated. Of these, thirty-one, or 60 per cent., recovered.

MORTALITY AMONG MINERS.

WHILE there are undoubtedly good grounds for carefully investigating the causes of the high rates of mortality among Cornish miners, shown by the statistics published by the Registrar-General, and recently commented upon in the columns of THE LANCET, it is not easy to decide upon the most desirable form for such an investigation to take. We doubt very much whether such a public inquiry as is suggested by Mr. Conybeare, bearing in mind the intricacy of statistical detail which is inseparable from a thorough investigation of the subject, would really help the cause which he wishes to promote. The apathy of the Home Office in these matters is, however, much to be deplored, since it is now nearly seven years since the valuable report, to which we recently again called attention, was issued by the Registrar-General, and no real efforts have been made to seek for a satisfactory explanation of the marked contrast between the mortality of Cornish miners and that of coal miners, with a view to prepare the way for improvement in the conditions under which the Cornish miners pursue their occupation. That the contrast referred to in this report does not fully show the result of the unfavourable conditions under which the Cornish miners labour may be very safely inferred from the facts referred to at the recent conference held at the Mansion House by the Central Association for Dealing with Distress caused by Mining Accidents. In a paper read at the Conference it appears that since the year 1862 there have been twelve great colliery disasters, causing in the aggregate no fewer than 2293 deaths, in connexion with which £402,022 was raised by public subscription. No parallel disasters have occurred in the tin and copper mines of Cornwall, and it is obvious that but for this exceptional fatality, the mortality among coal miners would have compared still more favourably with that of the Cornish miners. It is true that the death-rate from violence among Cornish miners is twice as high as among all Cornish males; but this proportion is far below that which prevails among coal miners. The approaching census will once more afford the means for calculating the varying rates of mortality that prevails among persons engaged in different occupations, and it is to be hoped that this important matter will again be subjected to careful investigation and analysis. This would appear to be the only satisfactory manner for testing the assertions of the Government and of their mining inspectors, that the unfavourable conditions under which the mining industry was prosecuted in Cornwall no longer exist, or have been very materially improved. If such has been the case the mortality statistics of the Cornish miners, when next they are calculated, will stand out in striking contrast to those to which we recently referred.

CORONERS' CHARGES FOR MEDICAL FEES DISALLOWED.

A SOMEWHAT warm controversy has arisen between the coroner for Chester Ward of the county of Durham and the clerk to the Durham County Council over certain charges for medical fees made by the coroner, in cases where the clerk to the County Council has not been able to satisfy himself that the medical witnesses on the inquest cases in question were registered. The coroner insists that if he is satisfied as to the qualification of medical witnesses the clerk should not raise any questions. The clerk, on the other hand, insists that it is not a question of whether the witness possesses qualifications one, two, or even three, but whether he is duly registered, and that it is his duty to be satisfied on this point. We must leave lawyers to decide legal points, but we have a strong impression that from a legal point of view the clerk of the County Council has the best of it. Registration is the only evidence of qualification, and in the most disputed case the medical witness was not registered till May 13th, 1890, whereas the inquest at which he gave evidence was on April 25th. The moral is an old one. Register! Register! Register! Moreover, we must say that the question is essentially a cold legal one, that should be discussed with perfect placidity. We have known coroners take evidence from and give fees to non-registered practitioners, but we doubt whether this was done legally.

INFECTIOUS FEVERS IN THE METROPOLIS.

THE return submitted to the Metropolitan Asylums Board at their meeting last Saturday showed a decrease of 34 in the admissions into their hospitals compared with the preceding fortnight; but an increase in the number of cases of infectious disease was notified to the managers, and also in the numbers in hospital under treatment. There were 630 cases of scarlet fever notified, as against 594, and there were 1364 in hospital, as against 1263. The chairman, Sir E. Galsworthy, stated that the managers had inspected the new hospital at Gore Farm, which would afford accommodation, if required, for 600 convalescents. The managers were thoroughly satisfied with the arrangements of the buildings, and with the excellent way in which the work had been done. The returns show a total of 550 beds still available for the reception of patients in the infectious fever hospitals, a number which could of course

be greatly increased by the transfer of convalescents to Gore Farm. Another matter brought up at the meeting was the scale of fees to be paid to the certifying medical practitioner, not being the medical superintendent of the asylum, under section 24 of the Lunacy Act of 1890, when it was resolved, on the recommendation of the General Purposes Committee, that it should be a guinea for a single case, and half a guinea for each of two or more cases seen at the same visit.

CHOLERA INTELLIGENCE.

NO further cholera intelligence has been issued by any of the Spanish authorities, but M. Proust declares the disease is still prevailing in Valencia, and the French Government not only maintain but have continued to mature their arrangements for medical inspection and disinfection along the Franco-Spanish frontier; and so far no case of imported cholera has occurred in France. On the other hand, we learn that cholera has for some time past been prevalent in the Trans-Caucasian provinces of South-eastern Russia, and that seventy fatal cases had occurred at Baku, on the Caspian, before the knowledge of it was allowed to transpire. The weather in Southern Russia generally, and especially in and about the port of Baku, has of late been exceptionally hot, the mid-day temperature in the shade ranging, at the latter place, from 113° to 118° F., and the maintenance of this excessive temperature will, it is feared, lead to a further extension of the disease. No fresh news has been received as to cholera either in Persia or in Mesopotamia, but the occurrence of the disease at Baku is most likely due to an importation by boat from the former country. We referred last week to the quarantining of pilgrims from British India on the shores of the Red Sea, and it is since announced by the Turkish authorities that cholera has broken out at Mecca, thirteen attacks having proved fatal up to July 29th.

COLOUR-BLINDNESS IN CHILI.

IN a graduation thesis on colour-blindness in the University of Santiago (Chili) Señor Conrado Rios states that he has examined 1200 male persons, including 520 boys of from five to fifteen years of age, with the result that 3 per cent. of the boys and 2·1 per cent. of the men presented more or less colour-blindness. He also examined 320 females, including 143 girls of from five to fifteen years of age. One girl could not distinguish between blue and violet, and a few confounded faint shades of green with yellow. Some other girls also showed a little hesitation in picking out certain colours, but none of the adult women presented any want of appreciation of colours at all. These results are not quite in accord with an examination made some years ago by a Swedish commission of 500 naval cadets and other persons in Chili, when only one or two cases of colour-blindess were found. The author believes, however, that colour-blindness is decidedly less prevalent in Chili than in England, Sweden, and other countries where alcoholism is more common.

THE DORCHESTER SEWERS.

THE medical officer of health of Dorchester reported to his authority that a low-lying main sewer in the meadows was waterlogged. The report was referred back to him, and he maintained his original position. Mr. Lemon, civil engineer, was then called in, and he confirmed the medical officer of health, Mr. Day, in his opinion. On this a Mr. Gregory rose and declared that the medical officer of health had overstepped his duties, having "gone into engineering matters, which he was afraid he knew nothing about." Mr. Gregory is evidently a gentleman of wide culture and learning, and it must be assumed that in taking upon himself to define a health officer's functions, and the way these are limited to "professional duties," he has a right to regard himself as an expert. We also assume that he is an accepted teacher in the English language, for after having quoted standard works, dictionaries, encyclopædias, &c., he laid it down that "waterlogged" properly meant "lying like a log on water," and he triumphantly asked whether the Dorchester sewer lay like a log on water. Unfortunately all the time the sewer in question remains in the state described by Mr. Lemon—that is to say, it is "charged above the suffit" or "waterlogged"—and the sooner the matter is put right the better.

THE NEW INFIRMARY AT HALIFAX.

PLANS for the proposed new infirmary at Halifax were sent in for competition by five firms of architects invited for the purpose, The Building Committee, on the recommendation of Mr. Waterhouse, who had been asked to act as assessor, accepted the plans of Messrs. Worthington and Ellgood of Manchester, those of Messrs. Horsfall and Williams of Halifax being highly commended, although some of the medical members of the committee urged a postponement of the decision to allow of careful scrutiny of the plans by the committee. Opportunity is, however, afforded for modification of the plans on the recommendation of the committee. The estimated cost is £59,510.

THE MORTALITY OF WIDOWERS FROM PHTHISIS.

IN a paper on Tuberculosis in Belgium MM. Destrée and Gallmaerts come to the conclusion as the result of their investigations that, in comparing the mortality from phthisis of bachelors, married men, and widowers, the last are very much more subject to this disease than either of the other classes. The same statement holds good for all ages, and it is, they say, also true that widows are more liable than single women to die of phthisis. The authors do not think this is to be explained except by direct contagion of wife to husband or husband to wife. They cannot think irregularities and excesses indulged in by widowers can be answerable for it, for advanced age does not seem to make any difference. They would ascribe it to infection occurring during married life, the disease claiming its second victim some time after the death of the first.

PHYSICAL EDUCATION IN ELEMENTARY SCHOOLS.

THE National Physical Recreation Society has adopted a series of resolutions setting forth a scheme of physical education which its supporters propose to introduce into the curriculum of elementary schools. With the object which they have in view of securing due attention to the development of this part of a child's faculties we think that all discerning persons will sympathise. It is, indeed, difficult to over-estimate the importance of well-chosen bodily exercise, whether regarded from the hygienic point of view or from that which, according to common usage, would be termed the strictly educational. There is indeed no such antagonism as is often assumed to exist between well-conceived physical training and intellectual education. On the contrary, the former may be ancillary, and not only ancillary, but also very helpful to the latter. The exercise which circulates the blood and freshens the spirits is a powerful stimulus to mental activity and greatly facilitates the work of the teacher. It is well therefore that its importance should be pointed out to those who have control of the education of children, and that they should be encouraged to organise their work with a view to the requirements of the

juvenile body no less than of the infant mind. The scheme which the members of the National Physical Recreation Society have elaborated is one that will bring this view of their duties clearly under view, but we do not feel sure that in its present form it is not a little too ambitious. It proposes, for instance, to provide gymnastic apparatus at the public expense on what we understand to be a very large scale, and to obtain the requisite space for the daily practice in wet weather by an extensive rearrangement of desks and benches. Such suggestions involve practical difficulties, which probably it will in the end be found easier to evade than to surmount; while a further suggestion that the effects of the training should be ascertained from time to time by a series of measurements performed upon the children would, we fear, be found obnoxious to the most strenuous if somewhat ignorant opposition when proposed, and quite impracticable even if approved. These, however, are mere details of the scheme, which will doubtless be subjected to ample discussion and criticism before receiving practical application. Its promulgation can hardly fail to give a useful impulse to a very promising movement among the teachers of the present time.

SANITARY ARRANGEMENTS AT QUEEN'S PARK, KILBURN.

WHATEVER advantage belongs to recreation grounds must evidently depend upon their sanitary conditions, for health, which includes enjoyment, is the sole reason for their existence. If therefore, as is reported, one of the more frequented open spaces of the metropolis—Queen's Park, Kilburn—is absolutely destitute of the most necessary sanitary accommodation, we cannot wonder that such an omission has given rise to an energetic protest. The Willesden Local Board, after several appeals to the City authorities, have attained no further result than that of an engagement to erect a châlet in the park. The matter has no doubt been overlooked among greater, and presumably more pressing concerns, though it must be allowed to be of its kind as urgent as any. Its due consideration is without doubt essential to the amenities and proprieties of the park, and therefore to the maintenance of its position as a place of amusement. Meanwhile some arrangement is indispensable, and this the Local Board may be reasonably expected to provide with the least possible delay.

MR. ARNOLD WHITE ON THE SWEATING REPORT.

IT is satisfactory to note that Mr. Arnold White has energetically protested against the merely anodyne results of the Lords' Committee on Sweating. Everybody does not agree with everything Mr. White says, but there is no one who does not approve of some of the many good points he makes when discussing social questions. He qualifies the Lords' Reports on Sweating "as carefully calculated to allay public interest, and to drug the public conscience." This is true or not according to the confidence reposed in anticipation on the action of the Lords. For our part we attached less importance to the opinions expressed by the Lords' Committee than to the effect the evidence given before them would have on the public at large. This we still think is on the whole satisfactory, and if any bold statesman would grapple with the main facts elucidated and legislate accordingly, he would surely be enthusiastically approved by the nation at large. For instance, if, as Mr. White himself suggests, the example given by Mr. Gladstone when he abolished purchase in the army by an Order in Council could be followed, and an Order in Council were issued abolishing all sweating for Government contracts, such action would be endorsed by public opinion. Again, when Mr. White urges that a very sharp distinction must be made between a home and a workshop, and that all places where two or three persons are employed should be registered and subjected to all factory and workshop legislation, we are thoroughly with him. From a public health point of view we go further, and would substitute the word "work" for the words "are employed." What does it matter whether the people working together are members of the same family who are acting in a sort of partnership with each other, or whether they call in outsiders to help them? These workers may be members of the same family or strangers, still they consume an equal amount of oxygen, and require the same proportion of space. The real basis—the only sound basis to work upon—is the principle that what is made for the public and sold to the public, the public has a right to watch and control through every phase of its manufacture and distribution, whether it be made in a magnificent factory, where hundreds of workers are employed, or in a wretched garret where but one or two sweater's victims work together. On the other hand, while approving the extension of the Factory Act to home workshops, we think Mr. White lays far too much stress on the question of the foreign "greener" whose importation he wished to check. There are far more English, Scotch, and Irish "greeners" than there are foreigners to reduce the rate of wages, and there are more English who go abroad than foreigners who come to England. Mr. White himself advocates emigration. He cannot therefore deny to others what he claims for ourselves. Nevertheless and in spite of such objections we readily acknowledge that Mr. White has rendered great and good service in helping to bring up witnesses, and by his criticisms of the final report of the Committee.

PROFESSOR HENOCH.

ON his seventieth birthday, July 16th, Professor Henoch received at Berlin many tokens of regard and veneration. The Empress sent him her portrait and those of her five sons, with an autographic dedication. Telegrams and gifts of flowers poured in from far and near, and deputations led by Virchow, Mehlhausen, von Coler, and others waited on him to do him honour.

HOSPITAL INQUIRY AT BIRMINGHAM.

THE inquiry at Birmingham deepens in interest as it proceeds. We hope that a good permanent report of the evidence will be published. The evidence of Mr. Smedley, since 1874 secretary of the Hospital Saturday Fund originated by Mr. Sampson Gamgee, is important. The sum so raised this year is £9859. The money is collected weekly, and, by general request of the men, is deducted from the wages. Nearly 200,000 persons contribute, which the chairman estimated would be almost 1*s.* 6*d.* each. Mr. Smedley said that many contributed in this way who did not use the letters so obtained, but were members of provident institutions. As a rule, the whole of the men in a factory would contribute, and "skinny" ones were not let off easily. No pressure was put on the men by their employers. The total amount contributed last year by the workpeople to the charities was £16,463. In answer to the questions whether the men considered that any right was conferred by their subscriptions, Mr. Smedley admitted that the men objected very strongly to the words some time ago printed on the tickets, "The bearer is an object of charity." The general tenor of his opinion was to the effect that the men meant to be charitable in their gifts, and would assuredly help the authorities in remedying abuse. They subscribe to institutions outside the Hospital Saturday Fund, and especially to the dispensary, which is popular. They buy a certain number of tickets, and so largely convert the dispensary into a provident one. The distinction between their charitable gifts and their providence is not given with

sufficient clearness in the report for us to repeat here. This is really a point to be made clearer. Do the workmen by these contributions think they are buying for themselves a right to ordinary attendance or paying charitably for medical attendance on others who cannot pay? Mr. Fothergill, Superintendent of the Out-door Relief Department of Birmingham, gave an interesting account of the system in that city by which the poor are attended by three medical men giving their entire time to parish medical work. He had had many cases of application for parish relief in which the weekly income of the applicants varied from 23*s.* to 37*s.* 6*d.*

THE SANITARY STATE OF BEXLEY HEATH.

THIS portion of the Bexley urban district has more than once acquired some notoriety on account of its alleged defective state as regards drainage. There is no sewerage system, and cesspools are common. The last incident in connexion with this subject is the death of a resident under circumstances that seem to point to some obscure cause as gradually leading up to a state which rendered death from apparently trivial causes possible; and it is alleged that this cause was an unwholesome state of house due to defective drainage, of which the sick man had recently complained. The coroner has adjourned the inquest for further inquiry into the influence of the alleged insanitary conditions, and the result must be awaited.

FOREIGN UNIVERSITY INTELLIGENCE.

Basle.—Dr. Masini has been promoted to the Professorship of Materia Medica. Dr. von Sury has been promoted to an Extraordinary Professorship of Medical Jurisprudence, and Dr. Siebenmann to an Extraordinary Professorship of Otology.

Geneva.—Dr. Kummer has been recognised as *Privat-docent* in Surgery.

Innsbruck.—Dr. F. Torggler has been recognised as *Privat-docent* in Midwifery and Gynæcology.

Montpellier.—A numerously signed protest has been got up against the proposal to establish a medical faculty in Marseilles.

Strasburg.—Dr. Freund has been recognised as *Privat. docent* in Midwifery and Gynæcology.

Turin.—Dr. Ottolenghi has been recognised as *Privat-docent* in Medical Jurisprudence, and Dr. Motto as *Privat-docent* in Pharmacology.

Vienna.—Dr. Gärtner has been appointed Extraordinary Professor of General and Experimental Pathology.

DEATHS OF EMINENT FOREIGN MEDICAL MEN.

THE deaths of the following distinguished members of the medical profession abroad have been announced:—M. Coulier, formerly Professor in the French Military Medical School of Val-de-Grâce.—D. Theodor Schlemm, Sanitary Councillor of Berlin, and only son of the celebrated anatomist, Friedrich Schlemm. In addition to his medical qualifications, he was well known in the literary world, both as a poet and a dramatic author.

THERE appears to be a dearth of water in Southern Italy just now. It has not rained for a month, and it is feared that very shortly the water-supply of the houses will be exhausted. Naples and other large towns, however, are well provided.

THE French Transatlantic steamer *Bourgogne*, from Havre, arrived in New York on Sunday, and was detained in quarantine, several of the stewards being, it is stated, affected with small-pox.

THE

BRITISH MEDICAL ASSOCIATION.

MEETING AT BIRMINGHAM.

THE fifty-eighth annual meeting of this Association was initiated on Tuesday, July 29th, by a reception of the members from the various districts in the Birmingham Town Hall by the Reception Committee of the Asssociation. Selections of music were performed on the large organ during the arrival of the guests. Vigorous preparations and arrangements were being made for the excursions which are so plentiful, and there is every prospect of their being well attended by the members. At the first general meeting various subjects of interest were brought forward and partially discussed. Dr. Willoughby Wade was appointed to succeed Mr. Wheelhouse of Leeds as President. Dr. Holman having resigned his office as Treasurer, Mr. H. T. Butlin was nominated and elected to fill the vacancy. The report of the Select Committee on Parliamentary Bills, on being submitted to the meeting, excited considerable discussion among the members.

Among the striking incidents of Wednesday were the breakfast given to the members of the National Temperance League, and the reception given by the Mayor of Birmingham to the members of the Association. The Town Hall and galleries connected therewith were opened, and the large quadrangle was illuminated. The assembly was large, and presented a very gay appearance.

Undoubtedly the interest connected with the business of the Association culminated on Thursday, when the sectional work was in full swing. A great feature of this work was the interest manifested in the Psychological Section, where a crowded audience met to discuss and to see demonstrated, in the light of a grave scientific experiment, the subject of the therapeutics of hypnotism. There was no doubt that on this vast audience the demonstrations given by Dr. Tuckey, and more especially by Dr. Kingsbury, created a profound impression, and yielded much food for medical and scientific reflection. The presentation to Surgeon Parke attracted an immense audience. It may safely be said that the meeting of the Association has been very successful. Every consideration has been shown to its members by the Birmingham authorities, and everything has been done to render the meeting an instructive and enjoyable one.

The service in the Church of St. Martin's-in-the-Bull-Ring was well attended. The Archbishop of Canterbury preached on the "Higher Ideals suggested by the Medical Profession." It was, he said, a high note which was sounded when they declared that the purposes for which they met were the promotion of medical and allied sciences, and the honour and interests of the profession. Science was the modern seeking of God, and the honour of the profession is its science, its miracles of skill and its reverence for its own great aims, its laws of self-restraint and benevolence. Its lower interests were safely wrapped up in its science and its honour, among which were the unfolding and perfecting of the details of civil life. No interests were more secure of development. "He is a minister of God to thee for good;" how much must that be true of a profession whose watchwords were science and honour. A minister of God indeed, if he ministers to them what he can win for them from advancing science, and in the most delicate relation of social life be for those as well as in himself a soul of honour. The three great professions, as they are called, occupied the three chief fields of practice and thought. These are self-revelation of God to man, religion; equitable relations of man to man, jurisprudence; and the mystery of the life of man itself, for medicine dealt with nothing less. A physician ought to be *homo naturæ minister et interpres*—a man who should take his part in the working out in detail what St. Paul called "the redemption of nature into the glorious liberty of the children of God." This could only be realised by his working in the light of God, "for only in Thy light shall we see light."

RETIREMENT OF PRESIDENT.

At the first general meeting the minutes of the Association were read and signed by the President, Mr. Wheelhouse

of Leeds, after which he briefly alluded to the period of his presidency as an uneventful one, during which medical matters had gone on smoothly. He trusted, now that the constitution of the Association had been finally settled and got into working order, it would continue on these happy lines for many years. He recounted the objects of the Association meeting together annually, and introduced Dr. Willoughby Wade as the succeeding President.

Dr. WILLOUGHBY WADE briefly returned thanks for the honour done him. He considered it the crowning honour which any medical man could receive at the hands of his professional brethren to be selected as worthy of that position. He accorded a most hearty welcome to all present, and hoped that the meeting would prove what they had desired to make it—a complete success.

Dr. J. H. GALTON moved a formal resolution to thank Mr. Wheelhouse for the manner in which he had fulfilled his duties, which was cordially received.

THE REPORT OF THE COUNCIL.

Dr. THOMAS BRIDGEWATER then submitted the report of Council. It was with the greatest possible pleasure that he did so, as it proved that the present year was one of continued steady progress. They were generally at peace with all the world. If they realised the work done and the financial condition of the Association they would cordially accept the report. Dr. Holman, in seconding the motion, showed that the financial department was never in a healthier condition, and the property belonging to the Association had vastly improved in every respect.

Mr. J. W. BROWN (Belfast) thought that certain points of the report deserved comment as to matters concerning the welfare of the profession. The point he wished to speak of was one in reference to the committee which had been appointed to assist the editor of the *Journal* in the supervision of the matter. He complained that in a recent number of the *Journal* an article written by a Mr. Julius Wolfe on the Treatment of Writer's Cramp, who was not a medical man, had appeared, the paper having previously received the sanction of Dr. Ferrier. He further complained that this man had constantly been advertising in the columns of the *Journal*, and thought such a condition of affairs ought not to be allowed to continue. The *Journal* ought to be reserved for the communications and papers of the members of the Association.

Dr. DOUGLAS (Bournemouth) drew attention to the fact that the report of Council was only submitted to the members three days before the general meeting, and suggested that it would be desirable to have them for consideration a week earlier.

The CHAIRMAN, however, pointed out that the meeting of the Association was held this year a week earlier than usual, and, further, there were other circumstances which did not permit of their being published earlier. The paper on writer's cramp referred to was one that conveyed information which had been put before the profession for the first time, and the paper was duly submitted to, and subsequently approved by, the committee before its publication.

The report was then adopted.

Sir WALTER FOSTER moved "that the best thanks of the Association be given to Dr. Holman for his able services as treasurer for the past three years, and for the interest which he has shown in the welfare of the Association, and that he hereby is elected to be vice-president for life." He moved this with great pleasure because he felt that the progress of the Society had been much increased by the careful attention which Dr. Holman and Dr. Bridgewater had rendered to the work of the Association. Dr. Holman had managed the finance with considerable skill, had always been clear in his expositions, and had done a great deal to maintain the efficiency of the Association. The sum of £14,000 had been expended in making a home in London suitable for their Association. Of this £9000 had been spent out of actual income without encroaching upon the capital. He had devoted one-tenth of his savings to assist in founding a Pasteur institute. Notwithstanding these expenses he had been able to add about £3000 a year to the invested capital.

The motion was unanimously agreed to, and Dr. Holman, in returning thanks, assured the Association that he would not neglect their interests while serving upon the Council. He had served them throughout some very trying times, when they had to depend on individual exertion almost entirely. In retiring from his post he highly valued the honour they had just conferred on him.

On the motion of Mr. Wheelhouse, seconded by Mr. Lawson Tait, Mr. H. T. Butlin was unanimously appointed to the vacant office.

REPORT OF THE PARLIAMENTARY BILLS COMMITTEE.

Sir WALTER FOSTER, in presenting the report, referred to certain points which he desired should be known. The Bill of the Royal College of Surgeons had been postponed until next year, when they hoped in the House of Commons to reform the constitution of that body in a direction which he thought would be beneficial to the College, and at the same time be popular with its members. He thought it a pity that one of the greatest medical institutions in existence should not rest upon a broader basis. With reference to the Army Medical Service, the grievances in this department had been investigated by a subcommittee, and there would no doubt, perhaps during the course of the week, be a discussion raised on the Army Vote. He hoped to be back in his place in the House to advocate a better treatment of the army medical officers than at present existed. The Government had done a good deal to improve the sanitary laws. Some very good and useful Bills had been produced. He mentioned the Infectious Diseases Acts and the Public Health Acts Amendment Bill. It had been amended in Committee, and made a very workable measure. He referred to the Bill for the Housing of the Working Classes, and noted that a good many amendments had been incorporated in it. The Midwives' Registration Bill had occupied his attention a good deal. He had worked hard to convert a very bad Bill into one which would work well. He was not so sure that the House would be willing to incorporate all the proposed amendments. In endeavouring to get too much there was a danger of losing all. He promised that he would give all his services willingly and gladly to endeavour to make the Bill as perfect as possible.

Dr. RENTOUL moved a resolution to the effect that the profession as a body was strongly opposed to the Bill on the grounds that the meeting of the British Medical Association deeply regretted that the medical profession has not been given time to the discussion of this Bill, and proposed that the legislation on the subject should be delayed. He disapproved of the lack of penal clauses. The worst clause was, he said, that which stated that no private patients might institute any proceedings against midwives unless they had seen previously a member of the County Council. The Bill made no allowance for the supervision of midwives.

Dr. HUGH WOODS seconded the resolution, saying there was hardly a single clause in the Bill not open to grave objection.

Mr. LAWSON TAIT was sure that a good deal of dissatisfaction existed in reference to this Bill, and recommended that the matter be left for fuller discussion.

Dr. WALTER SMITH supported the resolution. Clause 9 gave power to put on the register any nurse who had attended a sufficient number of cases during the last twelve months, and he thought it opened the door for recognising unqualified practitioners.

Sir WALTER FOSTER did not think the Bill would get through this session, and that great risk was likely to be run of losing the Bill altogether. He pointed out that the Bill provided that the practitioner himself would have the power to restrict the supply of midwives, inasmuch as it required a medical certificate to be obtained prior to their registration. He thought the General Medical Council had shown a desire to improve education. The Bill had been recently vastly improved, and although he personally had no objection to delay, they must take their chance as to whether they would get in the future so favourable an opportunity to get a Bill so framed in the interests of the profession.

Dr. RENTOUL asked whether Sir Walter Foster would undertake to block the Bill in the House of Commons.

Sir WALTER FOSTER stated he could not do this, as he had been largely instrumental in promoting it.

After further discussion, the Report of the Committee was adopted by a large majority.

Mr. MACNAMARA submitted the report of the Scientific Grants Committee, and in that connexion Messrs. Johnston, Martin, and Bolton urged that further investigation should be made into the subject of discovering some new remedy for pleuro-pneumonia.

The reports of the other committees were then received and adopted, and the meeting then adjourned.

THE PRESIDENT'S ADDRESS.

At the adjourned general meeting in the evening, Dr. WILLOUGHBY WADE, President of the Association, delivered his presidential address on the subject of Medical Education, suggested by the recent enactments of the General Medical Council. The problem was, how to secure for the poor man the greatest possible amount of that knowledge which now falls to the share of the rich. He asked whether a diploma should be obtainable at the age of twenty-one. Should two years be employed in the study of general science? Should compulsory general education be terminable at the age of fifteen? and submitted reasons for supposing that it was not, after all, quite certain that the answer, as given to them by the General Medical Council, was correct. If only the students who were the least well furnished with money were always the least well furnished with brains, well and good. But everyone knew that it was quite as often the opposite. He referred to a paragraph which he had seen in a summer's advertisement of a school in the metropolis: "N.B.—Special arrangements have been made to meet the requirements of the examining board in England, so as to enable students entering in May to pass Part I. (Chemistry and Chemical Physics) and Part II. (Materia Medica and Pharmacy) at the first examination in July." Two things were to be observed: First, that Part II. (Materia Medica and Pharmacy), to which he had not previously referred, is included in this offer. Second, that it is addressed to students at large; not to those only who have special aptitudes for such studies, nor to those only who have already made some progress in them. It stands, then, on record for all time that, in the opinion of competent persons, a present-day student of ordinary ability may acquire within three months all the knowledge and education required of him by the chief licensing body in England, in respect to these vital studies. The objects to be attained by the recent recommendations of the Council are to obtain such knowledge as would enable the student to understand what his teacher means when speaking of a limb acting as a lever of the first order; to obtain an intelligent acquaintance with the principles of instruments used or mentioned—as, for example, a thermometer; to understand chemical references, and to be able to perform certain chemical operations; to acquire certain knowledge which would enable him to learn more quickly the specialties of human anatomy and physiology. All these and such like results are useful and in many ways important. One reason, perhaps, why instruction and education are so often used as if they were synonymous terms is that no hard-and-fast line can be drawn between them. There are, however, substantial differences, which may be concisely stated thus:—The utility of education lies in the process; the utility of instruction lies in the utility of the result—that is, of the knowledge acquired. It was, he supposed, impossible to instruct a person without in some degree educating him, or to educate without in some degree instructing him. But this he regarded as certain—that instruction becomes education in direct proportion to the time spent in conveying it. The system to follow must be line upon line, precept upon precept, here a little and there a little. The twelvemonth now to be allotted to science may serve to cram in a fair share of instruction in facts and phenomena, but it will be impossible to do more. He proposed that there should be a Select Committee of the Council sitting with open doors to take the evidence on this subject of two or three persons carefully selected from each of the following classes: public schoolmasters, Her Majesty's inspectors of schools, head masters of training colleges, and head masters of Board Schools. Inquiry as to what subjects will best serve such training, and which are the most useful in after-years, would of course follow; but if his then intellectual status was satisfactory, the boy was fit for differentiation into a science student. As to this part of his education, an analogous inquiry with the assistance of experts in science teaching should be undertaken. It was not superfluous to observe that there were at the present moment eighty-nine independent examinations, scattered all over the world, any one of which was accepted as qualifying for registration as a medical student. It was difficult to see how, under such circumstances, the Council could exercise a proper control over preliminary education; but it must in fairness be admitted that this was a matter of great difficulty, and with more than one side. "Should such an investigation into the preliminary and scientific education of medical students," concluded the President, "be secured, the results might—he felt assured they would—benefit other classes besides our own. They would tend to avert a danger which now threatens schools of all grades. This danger is that instruction may crowd out education; for indeed it is possible—*propter scientiam sciendi perdere causas.*"

Mr. JONATHAN HUTCHINSON, in moving a vote of thanks for the address, remarked that it could not be expected that they could concur with all the opinions expressed, but with the last aspiration of not allowing the education of the mind to be superseded by instruction, there could, he thought, be no disagreement.

Dr. GAIRDNER, in seconding, deprecated entering into the merits or otherwise of the individual suggestions of the address. He thought it would be better to take time to consider the whole thing carefully before expressing an opinion. He was convinced that the Medical Council had done exceedingly good work in the matter of medical education. It was no longer the "lopsided" thing that it was, but had become education in reality.

THE PROXY QUESTION.

Dr. HUGH WOODS moved, and Dr. RENTOUL seconded, a resolution affirming the desirability of having a "proxy vote." He explained at considerable length what it was and the method proposed for its working. At the conclusion of a spirited discussion, the resolution was rejected by a large majority. The meeting then adjourned.

At the third meeting of the Association a cordial vote of thanks was passed to Dr. Bridgwater, the retiring President of Council, and he was nominated Vice-president of the Association for life. Dr. Withers Moore (Brighton) was elected President of the Council. The place of meeting in 1891 was referred to the Council to determine, with power to nominate the next President. Sir Walter Foster delivered his presidential address, an abridged report of which will be found at another page. The address was received with much evident appreciation. At its conclusion,

Sir DYCE DUCKWORTH proposed a vote of thanks to Sir Walter Foster, and characterised the address as one which did justice to the qualities both of his head and his heart. It seemed strange that Sir Walter Foster, a busy, hard-working man, should find time for all the research necessary for such an address as they had listened to; but it was those who did most who had most to do. He called the address not only scholarly but statesmanlike, and one that he could not but hope would reach the hands and the eyes of those in authority. It would enable them to realise the enormous benefits which were conferred upon communities by their profession, and perhaps on the whole so little regarded.

Dr. EDDISON (Leeds) seconded the resolution, and expressed his gratification at the admirable address.

Sir WALTER FOSTER briefly returned thanks.

PRESENTATION OF THE MIDDLEMORE PRIZE.

The PRESIDENT then briefly explained that this prize had been awarded from time to time in recognition of the best essay or work in Ophthalmology, Medicine, or Surgery. The adjudication had this year been made by Mr. Henry Power, Mr. George Critchett, and the President of the Ophthalmological Section, Mr. Lloyd Owen. It was valued at £100 in cash, and had this year been divided between Mr. W. A. Brailey (London) and Mr. Priestley Smith (Birmingham).

The adjudicators report that Mr. Brailey had distinguished himself by his numerous and laborious investigation into the normal anatomy of the eye and the changes it undergoes in disease. He had contributed to the advance of medical science by his researches into the nature of choroidal affections, of the altered lens in glaucoma, and more especially by his careful observations upon the etiology and pathology of sympathetic ophthalmia and cyclitis. Mr. Priestley Smith was well known for his important papers on the causes and pathology of glaucoma, the changes undergone by the lens in advancing ophthalmia, and by his numerous valuable papers dealing with the treatment of many forms of ophthalmic disease.

Brigade-Surgeon HAMILTON then presented to Mr. Hart, on behalf of the officers of the Indian Army Medical Service, a handsome gift of silver plate in recognition of the

services he had rendered to effect the removal of the grievances under which they laboured in the execution of their duty.

THE SECTIONS.

On Wednesday all the sections were very well attended, and the work was at once set going by the reading of the various presidential addresses. We subjoin a brief compendium of the more striking features in the various sections.

MEDICINE.

Sir DYCE DUCKWORTH, the President, took for his subject "Functional Disorders of the Heart." He said: "Cases illustrating what we commonly term functional disorder of the heart are frequently met with in practice. The whole subject has certainly become better defined for us since the knowledge of cardiac physiology, and the due recognition of physical signs relating to the heart has become part of the common knowledge of the profession. The remarks I propose to make shall refer to conditions of cardiac disturbance and of vascular disturbance which can fairly be held distinct from all such as are plainly associated with, if not dependent on, organic diseases of the heart or the great vessels. We apply the term 'functional' here, and I maintain the use of the term as necessitated for clinical practice, *pace* the purists and the physiologists, whom indeed we often have to part company with to meet the claims of the bedside. Our aim as hospital teachers is to make good practitioners, men who can treat and heal the sick. That, I say, is our whole business. Our subject to-day relates to irregular and inordinate action of the heart and bloodvessels. I shall clear the way for this discussion by treating the subject of functional cardio-vascular and rhythmical disturbance in the following order—(*a*) Infrequency; (*b*) intermittency; (*c*) irregularity; (*d*) inordinate frequency (tachycardia); (*e*) inordinate vascular pulsation. Infrequent pulse is not often met with; sometimes it appears as a constitutional peculiarity, not more than thirty or forty beats occurring in the minute. Such infrequency may accompany convalescence from acute diseases. The most marked instances within my own knowledge of the class of cases I now refer to arose apparently as a result of the influence of malarial poison. The results of injuries to the head causing infrequent pulse may be recalled. In the acute cerebral disorders infrequency may suddenly give way to extreme frequency or to irregularity. In any case of infrequency there are no facts, so far as I know, to justify anxiety or a grave prognosis in respect of longevity. I take next intermittent action of the heart, that condition of pulse known as arhythmia. It may be affirmed that irregularity is commonly of graver import than mere intermittency. In any case the gravity is to be determined by careful physical examination of the heart and radial pulses. Habitual intermittency may be compatible with a full term of life and a heart practically sound. Intermittency may pass off temporarily under the stress of an acute illness with pyrexia, and return with the re-establishment of health. The cause of temporary intermittency is not uncommonly irritation set up by dyspepsia. We may speak of two forms of intermittent pulse: (*a*) where the condition is constant, and (*b*) where it is only occasionally induced. If the intermittency be constant, the patient is generally in middle or advancing life. He may be quite unaware of any cardiac irregularity, or may subjectively realise the thump of the organ as a more vigorous beat succeeds to the intermission. This condition is not of serious import in the absence of any marked signs of heart failure or arterial decay, and is compatible with advanced longevity. Intermittency of the pulse is often associated with the gouty habit of body; it may be an abiding condition or only temporary. I am inclined to believe that the gouty habit induces irregularity rather than intermission of cardiac action. The intermissions may be only occasionally present as the result of some dietetic error or dyspeptic condition. By irregular cardiac action is signified irregularity of rhythm and inequality of tension. The pulse is irregular in force and volume. This is sometimes a temporary condition, due to dyspepsia more often than to any other cause, especially flatulent dyspepsia. Emotion may likewise induce this. Prognosis in any case will depend altogether on the textural soundness of the heart. Though occasionally met with in fatty degeneration of the cardiac muscle, it is more often absent than present. The disturbances of the heart's action which depend on a gouty habit of body are very noteworthy. The special significance of palpitation apart from organic disease varies greatly. The patient may or may not be conscious of undue or violent cardiac action. It is either temporary or persistent. Dyspeptic disturbance is often to blame for the temporary form. In the abiding varieties there is commonly profound nervous disorder. In accentuated form, the malady known as Graves' disease presents this as one of its three cardinal symptoms. Dr. Samuel West has noted examples of paroxysmal heart hurry not dependent on any permanent recognisable disease of the heart, though temporarily accompanied by dilatation and murmur. Dr. Bristowe first called attention to cases of this nature, styling them instances of 'recurrent palpitation of extreme rapidity in persons otherwise apparently healthy.' It is probable that under the name palpitation several varieties of cardiac disturbance may have to be differentiated. As antecedents of several of the recorded cases, it is to be noted that rheumatism and syphilis figure, and that undue strain is often the exciting cause of paroxysms. These facts appear to me to justify Dr. West's views in respect of their pathogeny rather than those of Dr. Bristowe. Inordinate vascular pulsation is well recognised as a functional disorder. It is found in the abdominal aorta in conditions of anæmia, and after hæmorrhage due to gastric ulcer. I have followed some of these cases—when death has supervened from other causes—to the post-mortem room, and have never found any gross morbid anatomy for them. The conclusion is therefore clear that they are dependent on disordered nervous conditions. Hysterical palpitation is a well-marked variety. Emotion, fits of bad temper, and fright are provocative in persons already disposed. The gouty habit of body is certainly a cause. The palpitation may be entirely subjective. Examples of what is termed irritable heart come into this large category. These occur most frequently in young men who take violent exercise and live hard in all ways. Graves' disease is an exquisite example of a cardio-vascular disorder dependent on neurotic influence. Balfour of Edinburgh teaches that nervous origin of any case of palpitation may be ascertained by making the patient exert himself. Extra-exertion has the effect of subduing the rapid action. With organic lesion (such as fatty change) present the contrary effect will ensue. In the superficial sketch which I have now presented to you, I have endeavoured to consider only such conditions of cardio-vascular disorder as are, for want of a better term, called functional. There is as yet no morbid anatomy for them, yet for many of them the line is apt to be transgressed, and in time there are found changes in the direction of decay by atheroma, fatty degeneration with fatal issue. Have we not here the earlier manifestations of organic disease changes indeed, but such as may often be recoverable if early detected and wisely treated?"

Dr. RICKARDS (Birmingham) discussed the occurrence of Slow Pulse, which he defined as a pulse below 40. He doubted if it were ever congenital, but there was no record of it under 15. Next it was said to be the result of injury to the neck, the upper part of the cord and medulla having been found atrophied, but he doubted if this explanation were satisfactory, and he gave a case of his own illustrating its non-occurrence. Mental strain has been followed by slow pulse. In most cases of slow pulse he was inclined to think that it was due to organic disease of the heart; in all the cases he had met with he had found the heart affected. He then asked, What is the prognostic importance of slow pulse? The brain first suffered, and might lead to fits, and in these the prognosis was bad. As regards treatment, no benefit was obtained from digitalis, strophanthus, iron, and other cardiac remedies.

Dr. EDDISON did not agree with the idea of functional disorders; he thought such an idea implied bad pathology. The pulse of 40, on exertion, might develop into 80 by the appearance of a weak intermediate beat. True cases of slow pulse were uncommon, and were to be regarded as curiosities; but there was no reason why a person with this peculiarity should not live until advanced years. He referred to the effect of tobacco, irregular habits, and so forth, in leading to cardiac disturbances, and it was often difficult to say when functional overstepped the line and became organic

Dr. W. R. THOMAS looked on functional derangements of

the heart as symptoms. Causes were, (1) mechanical, as in dyspepsia, with flatus and other abdominal diseases enlarging the abdomen; (2) neurotic, from tea, tobacco, and alcohol; (3) depraved condition of blood; (4) reflex, as from onanism and excessive venery; (5) central. In all cases which are functional, we should look out for the cause and treat it.

Dr. MARKHAM SKERRITT objected to draw a physiological hard-and-fast line between fast and slow pulse, and in cases of slow pulse the collateral conditions ought to be considered, and should determine the opinion formed of them.

Sir WALTER FOSTER referred to the cases of incipient Graves' disease, and drew attention to the connexion between the neurotic rapid pulse and that disease. He had found that in neurotic cases the recumbent position did not diminish the rapidity, and they showed other neurotic characteristics. He tried many remedies in these, and found that perhaps the best drug in lowering the pulse-rate was quinine. He mentioned other cases in which symptoms of Graves' disease developed, and referred to a case of this kind in a married lady in whom the symptoms disappeared when she became pregnant. He also spoke of the benefit of electrical treatment.

Dr. STRANGE gave an interesting account of his personal experience in the late influenza epidemic, where marked cardiac depression, with slowing of the pulse, was followed by an irritable cough and gastric disorder. It indicated a profound impression of the influenza poison upon the nervous system, and was suggestive of the reason for the high mortality during some historical epidemics.

Dr. DRUMMOND referred to a case of his own, of kidney disease, in which he considered the pulse-slowing was the cause of epileptic seizures which proved fatal, the pulse coming down to two per minute.

Dr. HAIG read a paper "On Some Vascular Effects of Uric Acid." He introduced uric acid into the blood and produced arterial tension, and his further observations confirm his former ones. By introducing uric acid, tension was raised and urinary water diminished, and caused feelings of depression and misery, these latter being due to anæmia. He referred to the depression prevalent in the month of July, as evidenced by the number of suicides, as due to the condition of uric acid excretion. The first effect of fever is to drive the uric acid out of the blood, and the arterioles are relaxed. This is the cause of the pain in influenza, for instance, the acid being driven out. On the subsidence of the fever the acid is reabsorbed, and this symptom disappears. The slow pulse after fevers is probably due to this. He then considered the effect of increased tension in arteries and heart. The depression and headache of the morning are due to the uric acid tide of the night, which begins about midnight and continues until 5 or 6 A.M. In epilepsy, at the time of the fits, the urine is diminished and the uric acid increased. He attributed the fits to the effect of the uric acid in affecting the circulation of parts of the brain.

Dr. HERRINGHAM read a paper on Intermittent Albuminuria. This was the record of a case in which careful observations had been made as to the occurrence of the albuminuria. He did not find that the acidity of the urine, or the proportion of uric acid or urea, affected the albuminuria, but he found that position had the most effect, and he believed it was due to the weight of blood pressing upon the renal veins; but this was not to be regarded as the explanation in all cases.

SURGERY.

Mr. BARTLEET, in his introductory address, dealt with the history and characters of the various hospitals of Birmingham and the many distinguished names associated with them. He concluded by a reference to the imperative need for improvement in the methods and opportunities of teaching operative surgery in the medical schools, owing to the increased necessity for the general practitioners of the country to have some practical knowledge in the matter. "Twenty to fifty years ago operative work was in the hands of the few; few country surgeons, or what are termed general practitioners, attempted operative surgery. The cases drifted to the county or city hospitals, and the private cases fell under the care of hospital surgeons, but now the case is widely different. The complete education in the science of surgery now accorded to our students has shown them that surgical operations are not the fetish they were formerly, when a noted lithotomist in my hearing, after an operation, fell on his knees, saying, 'Thank God, that is safely done.' The establishment throughout the country in every large village of cottage hospitals has created a necessity for operative dexterity in a class of surgeons in whom it was formerly unnecessary. I look upon it as a solemn duty to bring this matter forward on this occasion, and to urge its importance upon the regulators of medical education. At the present time England is behind other countries in this matter. The subject presents difficulties. The cost of tuition must be considerable, since instruction in operative surgery necessarily entails more than ordinary time and trouble. Moreover, the cost of subjects is a serious item, and their sometime scarcity a grave difficulty. Similarly the cost of examining must be alike costly and laborious; but the necessity is, I think, paramount, and if it presents itself to our surgical law-makers in the same serious light that it does to me, means will be found to carry into effect a system of instruction and examination in operative surgery which will be a credit to our schools, a help to our students, and a benefit to suffering humanity."

Mr. T. HOLMES, in treating the subject of Surgery of Large Arterial Trunks, spoke of the material for the ligature. Silk, catgut, ox-aorta, and kangaroo tendon were alluded to,—the speaker giving his preference to kangaroo tendon for ligature in continuity, and to catgut, properly prepared, for tying divided vessels. He held that the value of tying the artery so as not to rupture the internal coat was as yet undecided. Abernethy's plan of double ligature, with division of the artery between, was disapproved of, but regret was expressed that no surgeons who practised it were present to speak from experience in favour of it. Secondary hæmorrhage from ligature in continuity had become extremely rare, and might be expected to remain so, while with Abernethy's method there was always the risk of the ligature slipping. In reference to the reintroduction of Anel's method of ligature for popliteal aneurysm, the speaker considered it to be a retrograde step. In almost all cases the Hunterian method was proved to be successful; while in the remainder, the method of Antyllus, provided an aseptic course could be obtained, appeared to be preferable. On the subject of secondary hæmorrhage, the prevention was a more practical point than the cure, as it should be of very rare occurrence; but for cases where it did occur, Mr. Harrison Cripps' conclusions were supported—namely, for urgent cases, either renewed ligature or amputation; in hæmorrhage slowly coming on, probably from the distant portion of the artery, careful pressure and bandaging. In the discussion which followed, the speakers—Mr. Bennett May, Mr. Page, Mr. Damer Harrison, Dr. Marcy of Boston, U.S.A., Dr. Parkes of Chicago, Mr. Pritchard, and Mr. Bartleet, President of Section—generally supported Mr. Holmes in his conclusions, it being agreed that perfect asepsis was of the first importance, and that, if it could be obtained, the material of the ligature and other details need not much affect results, for many successes had been recorded under the most varying conditions of operative detail.

Mr. E. ATKINSON read a paper giving an account of five successful cases of Nerve Grafting, with restoration of sensation after an interval of from thirty-six hours to eighteen days after operation, motor power being in all cases recovered somewhat later. Healing by first intention was not necessary, for in one case suppuration and sloughing around the graft had not interfered with its vitality.

OBSTETRIC MEDICINE AND GYNÆCOLOGY.

The President, Dr. THOMAS SAVAGE, in his opening remarks, said he had two duties to discharge—to offer a hearty welcome to the members of the Association to Birmingham, and to express his acknowledgments for the honour done him in placing him in the chair. He referred to the large and varied amount of material which was to be brought before the section, and thought that before long a subsection on Gynæcology, apart from Obstetrics, would require to be established. He referred to certain conditions of practice where the obstetrician would require to call in the surgical gynæcologist to perform abdominal section, and the necessity of defining the special fields of the obstetrician and the gynæcologist. In referring to the question of insanity in gynæcological practice, he thought that every lunatic asylum

ought to have a skilled gynæcologist on the consulting staff, as cases of insanity are recorded in which when the uterine system is attended to the insane symptoms are improved or entirely removed. In 483 cases of ovarian extirpation in his own practice four cases became insane, thus showing the effect of the generative system upon the brain functions. Some other points were brought forward, rather as questions for future consideration than as dogmatic opinions, which he could not, as President, bring forward for discussion.

After the President's brief address, Dr. W. S. PLAYFAIR opened a discussion on Modern Methods of Managing Lingering Labour. This is, he said, a subject of practical importance and interest to all practitioners. He purposed considering the changes which have of late years been made in the rules which should be followed in certain constantly recurring difficulties, and to contrast the practice of to-day with that of our predecessors. Some of the topics would naturally be very briefly considered, and his opinions and practice might not receive general acceptance. "In what respects then do the views of 1890 differ from those of thirty-five years ago? The one idea at that time was that interference was suspicious, that 'meddlesome midwifery' was bad, and as a consequence of this teaching protracted deliveries, with subsequent protracted convalescencies, were the rule. The tendency to-day is, perhaps, in the opposite direction, but it is the duty of the practitioner to avail himself of every means in his power to ensure his patient a short labour with minimum suffering, provided the means adopted are such as are in themselves not injurious. What may be done in rigid cervix?" Extracts from the text-books of the day were given to show that labour was not considered as even tedious unless it had lasted twenty-four hours; "but now we recognise that the mere wear and tear of delay is a serious thing in itself. Structural causes need not be considered, as these require special treatment; but we must notice lingering labour due to simple non-dilatation in which chloral is useful, inertia of uterus, premature rupture of membranes, or to over-distension of uterine walls. In the early days, procedures at variance with modern practice were recommended: thus bloodletting, tartar emetic, hot baths, &c., were now put into the limbo of obsolete remedies. Opium was advised, but when given in sufficient quantity it temporarily arrested the pains altogether." The modern practice in the prolonged second stage, the head being in the pelvic cavity, and the labour simply delayed from uterine inertia, was then considered, the two most important changes being the almost entire disuse of oxytocic drugs and the more frequent use of the forceps. The former frequent employment of ergot was illustrated, and its entire prohibition in the chief lying-in hospitals at the present day was shown. The author then described the employment of pressure on the uterus, illustrating this by the customs widely prevalent among savage tribes. Its indications and the scientific method of using it were then considered. Finally, the frequent application of the forceps in the present day was contrasted with the practice in the early part of the century; for instance, in the Dublin School of Midwifery, between 1826 and 1833, of 16,654 cases the forceps were only used in 27 cases, whereas the operation of craniotomy was performed 118 times. At the present time, in the Rotunda, the forceps are used once in 16·5 cases. Now few deny that with timely interference by the forceps little risk to the mother or child is run. Dr. Playfair stated his inability to give definite rules for their application, every case being required to be treated on its merits, especially noting the effects of the pains.

An animated discussion took place. Dr. Walker expressed surprise that no reference was made to the occipito-posterior position as a cause of delay. Dr. Bell (Glasgow) spoke of the use of strychnia prior to confinement, of chloral, and gelseminum. Dr. Laurence recommended the use of hot douches for relaxing the genital tract, and of ergot in small doses, combined with chloral, to bring back normal uterine contraction. Dr. M. Cameron related his experience of large doses of opium in lingering labour. He objected to pressure, but strongly advocated friction. Mr. Donovan said he had great confidence in quinine. Dr. Cullingworth said that the disposition to interfere in the first stage was the result of the anxiety of inexperience. He considered opium to be the best remedy in the lingering first stage, and useful in diminishing irritability of the uterus, and the suffering of the patient where this was connected with inefficient uterine action. Mr. Wright referred to the local use of cocaine in midwifery practice. Dr. Napier noted three essential points to consider in lingering labour—the safety of the patient, her comfort, and the practitioner's inclination. He spoke of the value of antipyrin in fifteen-grain doses in tardy labours. Dr. Benington expressed his appreciation of the binder applied during the progress of descent. Dr. Edis drew attention to the fact that the child ought to be considered. Dr. Gordon, from America, asked what was the value of the voluntary muscles of the second stage. Dr. Smyly (Dublin) related the present teaching at the Rotunda Hospital. Dr. More Madden advocated the use of large doses of ergot, either by the mouth or by hypodermic injection, in uterine inertia. Dr. A. J. Smith drew attention to the necessity of watching the condition of the child. Dr. Byers spoke of the necessity of antiseptic precautions in all cases. Dr. Playfair briefly replied.

Dr. A. H. F. Barbour handed in a paper on Recent Results from the Study of Labour, especially of the Second Stage, by means of Frozen Sections and Casts. He demonstrated the sections and casts, made of gelatine and glycerine, showing the value of this method of investigation. The sections showed, amongst other important points, the disposition of the peritoneum, the position of the bladder before labour begins, and during the second stage, when it becomes partly a pelvic and partly an abdominal organ. He pointed out the seat of the "retraction-ring" dividing the genital canal into an active and passive portion. The casts of the fœtus showed the elongation of the body to be due to the extension of the spine and the degree of flexion of the head. Dr. Berry Hart thanked Dr. Barbour for his important contribution, which might be regarded as the most interesting that had ever been made to scientific midwifery. Dr. A. Wallace drew attention to the fact that in the case where the woman died with the child lying on the perineum the arm of the fœtus was lying below the chin, preventing complete flexion of the head taking place.

Dr. J. H. AVELING discussed the subject, "Are Midwives to be Abolished or Bettered?" and Dr. R. R. RENTOUL spoke on the Registration of Midwives and their power to practise independently of the profession. These papers were warmly discussed in view of the more or less immediate legislation to take place in the matter.

Dr. BANTOCK opened a discussion on the Importance of Gonorrhœa as a cause of Pelvic Inflammation. The author of the paper made reference to the views of Noeggerath on this question, which were given to the profession in 1876. He then referred to the opinions of the late Drs. Angus Macdonald and Thorburn. The opinions with regard to the gonococcus were discussed, the general conclusion being that little reliance was to be placed on merely microscopic examination, but careful clinical observation must be taken as the basis for the settlement of the question. He referred to the necessity of following the clinical history of acute cases in females. In regard to this, great divergence of opinion existed, and he had not yet seen a case in which he could obtain certain evidence of gonorrhœa being the cause of salpingitis, ovaritis, or peritonitis. Various cases were mentioned in which, on the one hand, there existed symptoms of gonorrhœal infection without any probability of gonorrhœa; and, on the other, there was actual gonorrhœal infection without sterility resulting. After referring to the observations of surgeons of lock hospitals and general practitioners, he stated his opinion that in a few or limited number of cases gonorrhœa seemed capable of producing most serious symptoms, but that these cases were comparatively very rare.—Several members took part in the discussion.

This closed the work of the Section, various papers being taken as read.

PATHOLOGY.

Professor D. G. HAMILTON, the President of the Section, gave an interesting address on the Pathology of Dyspepsia. After that Professor Osler of Baltimore described his recent researches into the presence of Amœbi Coli in Dysentery and Tropical Abscess of the Liver. This was followed by a paper by Dr. Armand Ruffer upon the Destruction of Micro-organisms by Leucocytes, and one by Messrs. Ballance and Sherrington on Leucocytes. These papers were admirably illustrated by means of the oxyhydrogen lantern, and

an interesting discussion took place, shared in by Drs. Woodhead, Hunter, Osler, and others.

DISEASES OF CHILDREN.

In this Section Dr. CARTER (Birmingham) opened the proceedings with a short address on the Claims and Limitations of Systematic Physical Education in Schools. There were, he remarked, three different points of view from which the question might be considered, closely related but necessary to be distinguished from each other—(1) Physical exercise as a means of recreation and amusement; (2) as a means of raising the general standard of health by quickening the circulation, increasing the breathing capacity, promoting nutrition, and facilitating the elimination of waste products; (3) as a means of education in the schools by educing and developing faculty. In one large well-managed day school of over 200 middle-class girls, where some statistics had been very carefully kept, it was found that during a period of six years no less than 10 per cent. of the total number of girls admitted during the time had been compelled to take one or more terms of leave of absence on account of general debility; of that number 10·25 per cent. wore eyeglasses. Without making too much of these figures, there was abundant reason for concluding that many of these failures of health were from want of proper physical supervision. The Kindergarten system was based upon a recognition of the principle that physical development was a necessary antecedent of proper mental development.

Dr. CLEMENT DUKES of Rugby said that, during a long course of experience at Rugby School, he never knew one serious case in the football field. He would not excuse boys from physical training at school on the certificate of the family adviser.

Dr. THOMAS MORE MADDEN (Dublin) read a paper setting forth the respective Claims of Physical and Mental Training, and the evils arising from their neglect or abuse. A large proportion of those within the provisions of the Elementary Education Code were semi-starved children of the poorest class. When thus debilitated by privation, they were necessarily as much incapacitated for any mental strain as for the accomplishment of any herculean feat of physical strength; it being not less inhuman, injudicious, and impolitic to expect the former than it would be the latter from those so circumstanced. If the State, for reasons of public policy, determined that all children should be compulsorily educated from their earliest years, it should certainly afford the means by which this might be least injuriously and most effectually carried out, by providing food and physical training as well as mental education for every pauper child attending an elementary school. "Brain excitement" and "over-pressure" were now too commonly disastrously associated with the process of misdirected education and neglected physical training.

Mrs. GARRETT ANDERSON, M.D., urged that there ought to be medical inspectors to report upon the fitness of children in schools for physical training. The certificates of family advisers were too easily obtained on the solicitation of the parents.

PUBLIC MEDICINE.

Dr. ALFRED HILL, medical officer of health for Birmingham, President of the Section of Public Health, opened the Section by a few general remarks on the work of sanatarians during the last twenty years. He pointed out what had been discovered, and what was yet occupying the attention of investigators and sanitary officers. He drew attention to the lesser fatality of summer diarrhœa since attention was paid to sanitation. He considered that the death-rate of whooping-cough, measles, and scarlet fever might be very much reduced if they were treated in an intelligent manner. Referring to the Notification of Infectious Diseases Act, he cordially approved of it in every way, and believed it would do much to prevent the spread of disease. Diseases of a class have been known to arise from filth for thousands of years, and yet the old lesson of thousands of years ago is still unlearnt. The sanitarian has still to go forth and try to teach that, without cleanliness, health is impossible, and that though much has been done in this direction, very much indeed still remains to be done. In order to effect the required amelioration we must in the first place secure, as far as possible, cleanliness and purity of air, water, soil, and food. This is the object to which human effort has been directed more or less from the earliest historic times. The Jewish code of laws clearly provides for such conditions with a precision and detail which strike the modern mind as over-elaborate, while the Romans had a system of sanitation which, as regards its baths, its aqueducts, and its gymnasia, magnificent evidences of which, after more than 2000 years, remain to bear witness of it, excites wonder and admiration. The fact that cleanliness and purity, so much inculcated and practised thousands of years ago, should have been almost entirely neglected in modern times is not only incredible but for the indisputable proof of it, but is absolutely humiliating. After the fall of the Roman Empire, Europe lapsed into social conditions of filth which became habitual, and some religious orders actually inculcated it as a virtue. Not only have individuals to be taught, but sanitary authorities also require educating on this point. Much remains to be done in the direction of pure water-supplies and the preservation of rivers from pollution; the air is still rendered filthy and injurious by overcrowding, want of ventilation, intra- or juxta-mural burial grounds, offensive trades, badly constructed or improperly managed sewers and drains, the keeping of animals near to dwellings, and conservancy systems of refuse disposal. Retaining in the midst of the living what Nature distinctly tells us should be instantly removed violates in the most direct and in the most offensive manner one of her greatest and most legible laws, with the inevitable result of exacting the payment of a frightful penalty for the infraction. The surface of the earth has to be rid of cesspools and surface filth of every kind, whether specific or non-specific, and the highest standard of purity aimed at with never-failing persistency. It is difficult to overestimate the ultimate advantages of such a policy, but we are assured already by past experience that they must be very great to humanity, and will prove the truth of the old dictum that "Cleanliness is next to godliness."

Dr. THURSFIELD next read a paper on "The Etiology of Typhoid Fever." He said the safest and most reliable theory, from a sanitary point of view, is to assume that the infection of typhoid has been contracted from some pre-existing case of the same disease, and to diligently search for that source. He believed that typhoid was occasionally as infectious as scarlet fever. He had never seen cause to attribute any connexion between outbreaks of typhoid fever and disease in animals.—Surgeon-Major Poole, Dr. Gibson (U.S. Naval Hospital, N.Y.), Dr. Rauch (Chicago), and others, took part in the lengthened discussion which followed.

Dr. THEODORE THOMSON (Sheffield) opened a discussion upon Lead Poisoning from Drinking Water. In doing so he described the different water-supplies of Sheffield (the high and low level water-supply), a subject of considerable local interest. He stated the different recognised theories of the cause of water acting on lead, and described the treatment of contaminated water, believing that one excitant was glass-lined tubes. The chalk treatment of water was described, and the well-known result of the change in the pipes. He strongly recommended that the Local Government should take up the subject and examine it as a whole, as little good could ever result from isolated inquiry. Specimens of the limestone used before the chalk treatment began in Sheffield were shown. A discussion followed, in which Dr. Alfred Carpenter joined, recommending that in an inquiry special attention should be directed to the nitrites and nitrates present, if any.

DERMATOLOGY.

In this Section the address—the Future of Dermatology—of Mr. Jonathan Hutchinson was very well received by his audience. The object of his address was mainly to point out the value of dermatology as a field for clinical observation and as a department of general medicine. He showed what the laws were which governed the study of dermatology, and how rich a field it formed for the student. The aim of all true-hearted specialists was to break down the walls of specialism. He referred in illustration to the instructive nature of the group of maladies known as herpes, and the peculiar influence of arsenic upon it. Despite the etymology of its name, no true herpes ever creeps or spreads in the least. What was seen in a large majority of disorders of the skin led to the belief that common inflammation, however produced, was usually more or less infective. His belief was that it was possible to exaggerate the importance

of the doctrine of the infectiveness of common inflammation. Treatment should rather be aimed at the repression of local inflammation, and at preventing dissemination by infection. He referred to the action of inheritance on the skin diseases, and said that Kaposi's disease was one of the best examples of "family disease," which he said simply seemed to be the inheritance of a skin that would not bear exposure to sun and air. Then, again, the battle of the hypothesis of cancer would have to be fought out on the skin, and rodent ulcer might indeed, by itself alone, form an epitome of our knowledge of the subject. In melanosis the picture was completed, and the infection of the blood was seen in its fullest energy. He next referred to the opportunities offered in connexion with skin diseases for the study of therapeutics and for observations on the action of drugs. Arsenic, of course, stood foremost amongst those concerning which we have collected important and even astonishing facts. There was no more wonder-producing fact in the whole range of therapeutics than the ease and rapidity with which arsenic contracts and cures common pemphigus. There may occasionally be exceptions, but, as a rule, not another bulla appears after the remedy has been commenced. We have, indeed, ceased to see any cases of "chronic pemphigus" since this fact has been made known. How the drug acts we know not, neither do we know the real nature of the malady which we cure. It does not always cure it, but it always changes it for the better. He who would unravel all the mystery of how the bullous eruption may be cured and the scaly one changed, how the skin may be made clear in one case and muddy and brown in another, how peripheral neuritis may be produced, to end finally, unless prevented, in some severe form of paralysis and death, and how in rare instances the nutrition of the skin may be so influenced that keratosis and even cancer may be the result, will certainly find that he has his work cut out for many years. In the study of dermatology, he pointed out that we have in the first place to avoid narrowness and specialism, and in the second place to develop to the utmost our knowledge. Only the foundations of the subject had as yet been laid. More minute examination was needed in every direction, and the careful examination and record of clinical facts exactly alike. All possible aids must be invoked. The microscope, the photographic camera, the artist's pencil, but, above all, the trained eye and pen of the skilled and patient observer, must be brought into full use. No one can make the attempt to classify skin diseases without soon perceiving that many well-recognised forms claim a place in more than one group. We are engaged on a very different task to those of the zoologist or botanist; though, after all, the differences are only in degree, and they encounter the same difficulties, only to less extent. They, like ourselves, have to recognise connecting links, hybrids, and mongrels. In order that dermatology should prosper as a part of medicine, it is essential that we should learn to use our names lightly. Nothing has more impeded the progress of dermatology, nothing makes its study more repellent to the student, or its knowledge more difficult of attainment, than the habit of giving an arbitrary name to every little group of phenomena, treating that name as if it represented a substantive and isolated reality, and insisting that the facts of disease shall be made to group themselves in accordance with our conventional nosologies.

At the conclusion, the President received a hearty vote of thanks for his address, which was moved by Mr. Malcolm Morris and seconded by Dr. Bulkley, New York.

Dr. Radcliffe Crocker then introduced a discussion on Alopecia Areata.

PSYCHOLOGY.

The PRESIDENT (Frederick Needham, M.D.) referred in his opening address to the darkest days of asylum mismanagement, and of the ignorant—and, in that sense, cruel—treatment of the insane. All this had passed away, and hope and expectancy were growing in the opening dawn of a new departure which was full of promise. The establishment of the York Retreat by Tuke, the compassionate activity of Pinel, and the resolute labours of Charlesworth, Hill, and Conolly, which inaugurated the more humane treatment of the insane, became an assured fact; but we may well imagine that its progress could not fail to be somewhat gradual and slow. Our modern experience has taught us this useful and important lesson: that if we wish to improve their habits and produce a curative moral influence upon such patients, we must see that their surroundings are better than themselves. A man may spit upon a sanded floor, but he would at least hesitate to do so upon a Turkey carpet. Of all the physical and moral influences which modern ideas as to the treatment of insanity have promoted, none have been more productive of beneficial results than those which embrace active occupation and varied amusement. Turning from these less strictly medical appliances to pathological investigation and therapeutics, he would ask, Have the last thirty years been unproductive of results in this direction? On all hands we see the evidences of the careful study of morbid brain conditions in an increase in post-mortem and microscopical examinations, and in the publication of monographs upon diseases of the brain and nervous system. The physical origin of mental disease has become an axiom of faith. Whatever their shortcomings were, a good harvest has been gathered in.

OTOLOGY.

Dr. CHARLES WARDEN, in his address, treated of the necessity for Specialism in all branches of medicine and surgery, though he considered that a certain experience in general practice was very useful as a preliminary.

Mr. LENNOX BROWNE opened a discussion upon Intranasal Disease, especially as affecting the ear. The influence of anterior nasal stenosis in preventing due evaporation of the normal secretion and posterior stenosis indirectly obstructing the Eustachian tube, and the various ways in which such stenosis was brought about, were considered, and the good results to be obtained by radical treatment of hypertrophic growths described.

Mr. ARBUTHNOT LANE spoke of the importance of Trephining for Middle-ear Disease, with a view of providing free drainage in all cases attended with suppuration in the mastoid, antrum, and cells.

Dr. A. BRONNER spoke of the frequency of Deafness in Board School Children, and strongly urged the importance of attention being paid to the subject. Treatment, if supplied early enough, might save, not only the hearing, but the lives of many who otherwise succumbed to pulmonary disease and other secondary effects of nasal and pharyngeal affections.

[The report of the work in the Sections will be continued in our next issue.

Mr. LAWSON TAIT'S address on Thursday was delivered to a crowded audience, which had gathered, on the one hand, to listen to the paper on Surgery by the lecturer, and, on the other, to witness the presentation of the Society's gold medal for distinguished service to Surgeon T. H. Parke, a member of the Army Medical Service. At the conclusion of the address a vote of thanks was proposed by Mr. Timothy Holmes. He characterised it as an address which ought to be admired when a man stood up and appealed to the energies of the Association for the improvement of medical education. As an old member of the Royal College of Surgeons and an Examiner in Surgery, he said that Mr. Tait's ideas were neither crude nor impracticable. Professor Donald Maclean of Michigan seconded the motion as an old fellow student with Mr. Lawson Tait in the University of Edinburgh, and Mr. Tait replied.

PRESENTATION TO SURGEON PARKE.

Surgeon Parke, on the invitation of the President, came forward and took his seat beside the President amid manifestations of enthusiasm from the vast audience. The President said that he had intended to address a few words on the occasion of the presentation, but they had anticipated him by the very cordial reception which they had accorded to Surgeon Parke. It was perfectly easy to speak of deeds done in a few minutes or months; but when it came to acts which were repeated day after day and year after year, it was more difficult. It was the accumulation of such noble acts performed cheerfully that warmed their hearts and commanded their respect; it was the coolness of head and the steadiness of nerve which sustained him in the performance of his arduous, even loathsome and dangerous, duties. These were what, in their small way, they had to recognise. Surgeon Parke, having been his guest for a few days, had enabled him to understand that the language in which Mr. Stanley had spoken of him was used in truth and soberness. "This expedition," he says, "possesses the rarest doctor in the world. He is such a combination of sweetness and simplicity, so unostentatious, so genuinely unobtrusive, we are all bound to him with the cords of love. We have seen so much of him that is pure love for his cases that human nature becomes ennobled by this gem.

He would not dim the beauty of this exquisite sketch by any words of his. The medal was awarded by the Council, but the honour which it symbolised must come through the hearty approbation of all the members of the Association. Three hearty cheers were given, the whole audience rising to their feet, and Surgeon Parke then stood. The President, addressing him, said: "Surgeon Parke, of the Army Medical Staff, I have the honour, on behalf of the 13,000 members of this Association, to ask you to accept this medal, which we have conferred upon you [the medal was here placed round his neck], and in their name, and in their behalf, I offer you the right hand of fellowship and heartily wish you God speed."

Surgeon Parke, after the cheering had ceased, then gave a most interesting account of his travels in Africa, and concluded by thanking the members most sincerely for the great honour conferred upon him.

EXHIBITS.

In looking over the various exhibits, we notice that the display of medical appliances is as large and instructive as ever. It includes the most modern surgical dressings and a display of electrical apparatus, which well repay attention. Messrs. Darton exhibit a selection of thermometers, and Messrs. Weiss have a good show of ophthalmic instruments. Attention ought to be called to the remarkable display of the Medical Supply Association, who certainly have some very good specimens of Axis Traction Forceps, Solid Eye Catheters, and many modern adaptations of medical instruments. The most ingenious article on exhibition is the Harvard chair, which seems by easy movements to be capable of adjustment to every position in which it is possible to place it, and ought to be invaluable in chloroform narcosis, to ophthalmologists and gynæcologists, as well as to the surgical operator. Arnold and Co. are agents for this chair. The articles worthy of mention are so numerous that it is impossible to do more than express our high appreciation of the whole exhibition, and the same thing may be said of the exhibits in all the departments.

IRISH MEDICAL SCHOOLS' AND GRADUATES' ASSOCIATION.

THE summer general meeting of the above Association was held on Wednesday at the Midland Institute, Birmingham. Dr. H. Macnaughton Jones was voted to the chair, in the absence of the President (Dr. Geo. H. Kidd of Dublin). There was a large attendance. The following resolutions were adopted unanimously:—1. That the Association recognises with pleasure the action of the King and Queen's College of Physicians and of the Royal College of Surgeons in Ireland in publishing evidence as to the high standard of their qualifications; and that, in the opinion of the Association, said action of the Irish Colleges is specially necessary at the present time, in order to disprove statements calculated to depreciate before the public the value of Irish diplomas as tests of high professional attainments. 2. That the warm thanks of the Association be conveyed to the consulting staff of the Bristol General Hospital, for their recent unanimous effort to secure the rescinding of the rules which exclude from honorary appointments on the staff of that institution all those who possess only the higher diplomas of the Irish licensing bodies. 3. That the Association approves of the action of the Council, in taking steps to bring the views of the Association on the hospitals disqualification question before the Lords' Committee on the Organisation of Metropolitan Hospitals. 4. That the Council be requested to take steps to prevent the Midwives' Registration Bill from becoming law during the present session of Parliament, as, in the opinion of this Association, there is not sufficient evidence before the House of Commons to justify its enactment.

FOUNDER'S DAY AT EPSOM COLLEGE.

THIS ceremony took place on Monday, July 28th, in the midst of delightful weather, though on several occasions during the day rain appeared imminent. Nothing, however, occurred to mar the pleasure of the large gathering of parents and friends of the boys who assembled to show their interest in the school. At 3 o'clock P.M. there were more than 200 guests gathered in the large school-room to witness the distribution of prizes. The following members of the Council of the College supported the Head Master on the occasion:—J. F. France, Esq. (chairman); C. Holman, M.D. (treasurer); Sir Joseph Fayrer, M.D.; Sir Edward Sieveking, M.D.; R. H. Bradley, M.D.; J. Lumsden Propert, Esq.; Thomas Dickinson, Esq.; M. Baines, M.D.; T. H. Waterworth, M.D.; and Fredk. Taylor, M.D. The members of the staff were also on the platform.

The Rev. T. N. Hart Smith, Head Master, presided, and, in distributing the prizes, said that the school year since last Founder's Day had been distinguished rather as one of steady work and progress than by the occurrence of any unusual events. Hard work had been unremitting in the class-room, and had borne, and would in the future bear, good fruit. Nor did the College show any disposition to lose any of its reputation for football and cricket. By means of inter-house games and by foreign matches a spirit of generous rivalry had been kept alive and active throughout the year. The Natural History Society was in a flourishing condition. Excursions had been organised to different places in the neighbourhood of scientific interest, and a series of science lectures had been delivered under the auspices of the Society. A cadet corps had been started, and was already in a very effective condition, as shown by their shooting at the butts. A very handsome cricket pavilion had also, by the generosity of many friends, been erected during the year, but the cost had not yet been fully defrayed. Friends of the boys could see that, with all the various provisions made for the employment of the boys' time out of school hours, there was no room for idleness. The Head Master desired to express his thanks to the Council of the College for the liberal support they gave to every effort to improve and extend the efficiency of the College. This had been shown during the year by the completion of a new physical laboratory, and by the purchase of a considerable number of scientific instruments. The Head Master then pointed to the increasing numbers of the school, and invited parents and the public to examine and see for themselves, as he believed that Epsom College was an institution that could bear inquiring into. Turning to the actual successes of the school, six out of seven candidates had passed the Preliminary Scientific or Intermediate B.Sc. of the University of London; twenty-two had passed the Matriculation; three boys had obtained the Higher Certificate of the Oxford and Cambridge Board, and four the Lower. The results for this year had not yet been published, but there was reason to anticipate a good list.

The Head Master was assisted in giving away the Brande and Wakley Prizes by J. Lumsden Propert, Esq., son of the founder of the College; J. F. France, Esq., chairman of the Council; and T. Wakley, Esq., Joint Editor of THE LANCET.

Refreshments were provided for the visitors on the College grounds. The proceedings terminated with a special service in the College Chapel, at which an anthem was performed composed by the Rev. S. J. Rowton, Mus. Doc. Dublin, Second Master of the College.

The following is the list of prizes awarded:—

Wakley Prize (£20 and certificate).—E. C. Montgomery, Sen. Prefect.
Brande Prizes.—Essay: W. Ll. Pritchard. Good Conduct: P. H. P. Griers.
Engledue Latin Verse.—P. H. P. Griers.
Engledue Essay.—F. A. Oldaker.
Latin Prose.—P. H. P. Griers.
Greek Iambics.—P. H. P. Griers.
English Literature.—S. K. Vines.
French.—F. G. Thomson.
German.—E. C. Montgomery.
Divinity.—H. Boulton.
Choir.—H. T. A. Fairbank.
Geography (Africa).—W. Ll. Pritchard.
History (Thirty Years' War).—W. Ll. Pritchard.
Geography (special prize given by Sir Joseph Fayrer).—W. L. Lawrence.
Carr Divinity.—E. L. Davies.
Sterry Divinity.—A. C. Knight.
Chemistry.—A. R. Mayo.
Writing.—W. S. Drew.
Drawing.—W. A. Hubert, W. N. Barron, G. H. Coltart, and W. Thomas.
Form Prizes.—Sixth: A. C. Knight and P. H. P. Griers. Matriculation Form: H. Boulton, P. Levick, and F. G. Thomson. Fifth: T. Chetwood. Remove: R. R. Burch and J. P. Scatchard. U. M. 1: T. Mayo, C. H. Willson-Snell, and E. Davies. Mercantile Form: A. W. Reade and W. A. Hubert. U. M. 2: S. M. Smith and N. C. Hardwick. Upper 4: H. O. W. Berry, H. S. Beadles, and A. N. Gore. Mid. 4: T. J. M. Clapperton. Lower 4: B. Murray and T. J. M. Clapperton. Lower Middle: G. Pritchard, C. T. Booth, and C. E. C. Child. Third Form: H. M. Bowes, G. Pritchard, and E. W. Dolman. Second Form: H. S. Ward, A. W. Murray, and E. W. Dolman. First Form: H. Belchier, C. L. Archer, and G. L. Robathan.
Watts Scientific Prizes.—M. H. Raper and A. W. Jenkins.
Mathematical Prizes.—C. E. C. Child and H. D. Belchier.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

IN twenty-eight of the largest English towns 5614 births and 3276 deaths were registered during the week ending July 26th. The annual rate of mortality in these towns, which had increased from 16·9 to 18·0 per 1000 in the preceding four weeks, declined last week to 17·6. The rate was 16·7 in London and 18·3 in the twenty-seven provincial towns. During the first four weeks of the current quarter the death-rate in the twenty-eight towns averaged 17·7 per 1000, and was 3·7 below the mean rate in the corresponding periods of the ten years 1880–89. The lowest rates in these towns last week were 11·7 in Portsmouth, 11·9 in Derby, and 13·1 in Oldham and in Blackburn. The rates in the other towns ranged upwards to 21·0 in Liverpool, 23·2 in Salford, 24·5 in Manchester, and 24·6 in Newcastle-upon-Tyne. The deaths referred to the principal zymotic diseases, which had been 587 and 526 in the preceding two weeks, rose again last week to 561; they included 209 from diarrhœa, 142 from measles, 100 from whooping-cough, 55 from scarlet fever, 39 from diphtheria, 16 from "fever" (principally enteric), and not one from small-pox. The lowest death-rates from these diseases were recorded in Huddersfield, Oldham, Halifax, and Wolverhampton, and the highest rates in Birkenhead, Liverpool, Sheffield, and Leicester. The greatest mortality from measles occurred in Birmingham, Birkenhead, London, Liverpool, Bradford, and Plymouth; from scarlet fever in Manchester and Liverpool; and from diarrhœa in Norwich, Birkenhead and Leicester. The mortality from whooping-cough and from "fever" showed no marked excess in any of the twenty-eight towns. The 39 deaths from diphtheria included 20 in London, 4 in Salford, 3 in Newcastle-upon-Tyne, 2 in Liverpool, 2 in Manchester, and 2 in Portsmouth. No death from small-pox was registered in any of the twenty-eight towns. No small-pox patients were under treatment in the Metropolitan Asylum Hospitals at the end of the week, and only one in the Highgate Small-pox Hospital. The number of scarlet fever patients in the Metropolitan Asylum Hospitals and in the London Fever Hospital at the end of last week was 1439, against numbers increasing from 1067 to 1414 on the preceding nine Saturdays; the new cases admitted during the week were 135, against 153 and 159 in the preceding two weeks. The deaths referred to diseases of the respiratory organs in London, which had declined in the preceding three weeks from 244 to 216, further fell to 185 last week, and almost corresponded with the corrected average. The causes of 52, or 1·6 per cent., of the deaths in the twenty-eight towns were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Portsmouth, Norwich, Bristol, Wolverhampton, Newcastle-upon-Tyne, and in four other smaller towns. The largest proportions of uncertified deaths were recorded in Sheffield, Hull, and Halifax.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had declined from 22·1 to 18·3 per 1000 in the preceding five weeks, rose again to 21·1 in the week ending July 26th, and exceeded by 3·5 the rate which prevailed during the same period in the twenty-eight English towns. The rates in the eight Scotch towns ranged from 10·6 in Leith and 15·1 in Greenock to 22·2 in Dundee and 23·5 in Glasgow. The 545 deaths in the eight towns showed an increase of 69 upon the number in the preceding week, and included 36 which were referred to whooping-cough, 25 to measles, 14 to diarrhœa, 7 to "fever," 4 to diphtheria, 3 to scarlet fever, and not one to small-pox. In all, 89 deaths resulted from these principal zymotic diseases, against 86 and 79 in the preceding two weeks. These deaths were equal to an annual rate of 3·4 per 1000, which slightly exceeded the mean rate last week from the same diseases in the twenty-eight English towns. The highest death-rates from these diseases were 4·4 in Glasgow and in Dundee and 6·2 in Perth. The fatal cases of whooping-cough, which had been 38 and 31 in the preceding two weeks, rose again to 36 last week, of which 22 occurred in Glasgow and 7 in Edinburgh. The deaths from measles, which had been 24 and 27 in the previous two weeks, declined to 25 last week, and included 11 in Glasgow and 10 in Dundee. The 7 fatal cases of "fever" exceeded the number in any recent week, and included 3 in Edinburgh; and of the 4 deaths referred to diphtheria, 2 occurred in Dundee. The deaths referred to diseases of the respiratory organs in these towns, which had declined from 102 to 76 in the preceding three weeks, rose again last week to 79, and exceeded the number in the corresponding week of last year by 24. The causes of 52, or nearly 10 per cent., of the deaths in the eight towns were not certified.

HEALTH OF DUBLIN.

The death-rate in Dublin, which had declined from 23·1 to 20·7 per 1000 in the preceding three weeks, was again 20·7 during the week ending July 26th. During the first four weeks of the current quarter the death-rate in the city averaged 21·5 per 1000, the rate for the same period being 17·4 in London and 17·3 in Edinburgh. The 140 deaths in Dublin corresponded with the number in the previous week; they included 4 which were referred to whooping-cough, 2 to measles, 2 to diarrhœa, 1 to "fever," and not one either to small-pox, scarlet fever, or diphtheria. Thus the deaths from the principal zymotic diseases, which had been 13 and 12 in the preceding two weeks, further declined to 9 last week; they were equal to an annual rate of 1·3 per 1000, the rate from the same diseases being 3·5 in London and 2·9 in Edinburgh. The fatal cases of whooping-cough, which had been 3 in each of the preceding two weeks, rose to 4 last week; and the 2 deaths referred to diphtheria showed a decline of 2 from the number in the previous week. The fatal cases of "fever," which had been 4 in each of the preceding two weeks, declined to 1 last week. The deaths both of infants and of elderly persons showed a marked decline from those recorded in the previous week. Twelve inquest cases and 9 deaths from violence were registered during the week; and 39, or more than a fourth, of the deaths occurred in public institutions. The causes of 18, or nearly 13 per cent., of the deaths were not certified.

Correspondence.

"Audi alteram partem."

"THE OPHTHALMOLOGICAL SOCIETY AND HOMŒOPATHY."

To the Editors of THE LANCET.

SIRS,—It has not been customary in the circular summoning the annual meeting of the Ophthalmological Society to give the full details of the report of council which is to be read at the meeting. Had we stated in full Mr. Carter's motion regarding consultation with homœopathic practitioners, and the resolution of the council thereanent, it would have been exceptional. We regret, however, that in the circumstances we did not make an exception by giving them *in extenso*, thereby avoiding even the appearance of concealment or suppression, which, we need scarcely say, was entirely absent from our minds. We extremely regret Mr. Carter's resignation of his membership, and we have done our best to induce him to reconsider his decision, and trust he may still see his way to remain a member of the Society.—We are, Sirs, yours very truly,

THE HON. SECRETARIES OF THE
July 29th, 1890. OPHTHALMOLOGICAL SOCIETY.

To the Editors of THE LANCET.

SIR,—I am loth to introduce a personal element into the controversy between Mr. Brudenell Carter and the Ophthalmological Society upon the subject of consultations with homœopaths, but my identity as "the homœopath" mentioned by Mr. Carter is so thinly veiled, since I am the only ophthalmic surgeon to the only homœopathic hospital in London, that I am sure, in common fairness, you will give as great prominence to the facts of the case, as recorded by the surgeon in charge, as you have to the exceedingly damaging statements as to my professional conduct made by Mr. Carter. In March, 1889, this patient was sent to my out-patient clinic with the history of having been at Moorfields from July, 1887, to March 1888, and subsequently under

the treatment of his own medical attendant. He was then suffering from a peculiar affection of the conjunctiva, causing partial symblepharon and some entropion. To relieve the entropion I performed at different times operations upon the two lower and left upper eyelids, but did not operate for the symblepharon, as I found the diseased condition of the conjunctiva would not admit of this. In spite of all treatment, the disease gradually encroached upon the cornea, the symblepharon became more marked, and the patient's vision began to be seriously impaired. Recognising that I had a very interesting and rare form of disease before me, I sent him in January of this year to "the consultant's" hospital, with a note drawing his attention to the peculiarity of the case; but by some misunderstanding he went to his house instead. "The consultant," seeing at once the interesting nature of the case, very kindly wrote to me, saying if I would call one day with the patient he would like to speak to me about him. I did so, and the question of essential atrophy or a pemphigoid disease of the conjunctiva was discussed. "The consultant" confirmed my opinion that operative treatment upon the conjunctiva in such cases was useless, but advised, as there was still some entropion, a Baron's operation upon the right upper eyelid. Though not material to the case, it is well to add, after Mr. Carter's remarks, that "the consultant," as I had done throughout, saw the patient without a fee.

The entropion was relieved, but the disease steadily progressed, as it seems inevitably to do in these cases. The case having reached this stage, I thought it my duty to tell the patient and his employer of the very grave outlook for the future, and of the hopelessness of any operation upon the eyeball relieving him. It was not until this opinion was given that the patient ceased to be under my care.

On account of a coincident affection of the larynx and palate, which developed after he was seen by "the consultant," and which was believed to be pemphigus, the main internal remedy used was arsenic, and at no time whilst the patient was under my care was he salivated.

I make no recriminatory statements, content to lay this brief narrative of the facts of the case before the profession, confident that they will find in it a complete refutation of the statements made by Mr. Carter, which statements I am convinced he would never have made had not his prejudice against "consultations with homœopaths" caused him, before writing his letter, to accept a patient's statement in preference to communicating with the surgeon as to his former treatment of the case.

I am, Sirs, yours obediently,

Harley-street, W., July 29th, 1890. C. KNOX SHAW.

To the Editors of THE LANCET.

SIRS,—Probably many of your readers will not share Mr. Brudenell Carter's indignation at the rejection of his anti-homœopathic resolution by the Ophthalmological Society. This is not the first time that Mr. Carter has shown his hostility to homœopathy, for he was one of the chief anti-homœopathic contributors to the "Odium Medicum" discussion in *The Times* in 1887–88. He then veiled his identity by signing his initials "R. B. C." only. In his contributions to that famous controversy, it was evident that his zeal outran his knowledge, for in the opinion of most unprejudiced persons, and even of some of the periodicals of his own school, he did not inflict any injury on the system he attacked or do any good to the cause he championed.

In Mr. Carter's opinion, a legally qualified medical man who has added to the knowledge gained at the established medical schools an acquaintance with the homœopathic method of treatment, which he employs in suitable cases, cannot be "a proper person to meet in consultation;" so it excites his reprobation and horror that "an eminent ophthalmic surgeon, a distinguished member of the Ophthalmological Society, and a member of the staff of a great London hospital and school of medicine ..... submitted to consult with a homœopath," and demeaned himself so far that he even "accepted (I believe) a fee for doing so." Mr. Carter seems to have the oddest notions as to the rights and duties of practitioners and consultants and "the honour of the profession." Now, as a practitioner seeks the aid of an oculist for the purpose of diagnosis of an obscure or difficult eye disease, or an order to get an operation performed by a colleague having special skill, the consulted oculist is morally bound to give the patient the benefit of his special knowledge or operative skill; "the honour of the profession" forbids him to refuse his aid to the patient or to engage in consultation with any legally qualified colleague, unless perhaps this colleague has been convicted of disreputable professional conduct, and even then it is a question whether humanity to the patient should not outweigh dislike to the doctor. Were it even a case in which his therapeutic advice were required, the very fact that his advice is sought would show that the "homœopath" was desirous, in this particular case at least, of taking his therapeutics from the consultant, and abandoning his own usual treatment, just as any other practitioner, when he calls in a specialist in consultation, is prepared to change his own treatment for that recommended by the consultant. In my own practice I have never experienced the slightest difficulty in obtaining the assistance of the most distinguished oculists when an operation or the diagnosis and correction of errors of accommodation or reparation was required.

Mr. Carter's resolution "that, in the opinion of this Society, it is inexpedient and improper for its members to engage in professional consultations with avowed homœopaths, or with persons holding office in homœopathic institutions," was very properly rejected by the Society, as it was an anachronism, and, I am sure, was contrary to the opinion and practice of the principal oculists of this country, who, as a rule, do not feel it a "degradation" to undertake an operation on a case of cataract brought to them by a "homœopath," or even to take a fee for its performance. Mr. Carter cannot yet divest himself of his previously expressed opinion that homœopaths are either knaves or fools, and therefore unfit for professional intercourse with their non-homœopathic brethren; and he is unreasonably wroth with the members of the Ophthalmological Society that they do not hold the same views with regard to their homœopathic colleagues as he does, and will not join him in persecuting and ostracising them—so, like Coriolanus, he banishes the Society. Apparently he has not read or profited by the words of wisdom uttered by you in your impression of June 28th, which you will, I hope, allow me to quote: "The day is probably not very remote when persecution, ostracism, or censure for difference of opinion or belief will be regarded as not only immoral, but absurd."

I am, Sirs, your obedient servant,

Montagu-square, July 26th, 1890. R. E. DUDGEON.

To the Editors of THE LANCET.

SIRS,—The Council of the Ophthalmological Society deprecates, and, as I think, rightly, the introduction of a discussion on this, a purely medico-ethical subject, into its deliberations. Nevertheless, I think Mr. Brudenell Carter has just cause to complain of the action of the Council, inasmuch as he was led to expect that the question of consultations with homœopathists would be placed on the agenda. Had it been, I doubt not the attendance would have been large, and the opinion of the majority would have been unmistakably in favour of Mr. Brudenell Carter's motion. It is difficult, however, for a Society like the Ophthalmological to go out of its scientific track for such a purpose as the one indicated. I hope, therefore, that Mr. Carter will ventilate the subject in your columns, and get up a memorial to be signed by all regular practitioners of all societies, condemning the holding of consultations with homœopathists, and urging the Councils of all the medical societies to issue a protest to their members against such consultations. This, it may be said, is a suggestion of a futile character. I doubt, however, whether any other action could be taken effectually by the medical societies severally or collectively; for the majority would, I think, hesitate to propose any penal proceedings such as ostracism or expulsion for a fault which, after all, may indicate nothing more criminal than an intellectual or moral obliquity, or both.

I am, Sirs, yours obediently,

W. SPENCER WATSON.

Henrietta-street, W., July 29th, 1890.

"THE MONOPOLY OF HOSPITAL APPOINTMENTS."

To the Editors of THE LANCET.

SIRS,—Statements have of late appeared in the medical papers specifically asserting that the qualifications and titles of the Scottish Corporations are granted on insufficient

and in some cases without, examination. Professor Struthers has already pointed out that a similar allegation referring to the University of Aberdeen is absolutely false. It is not less so in reference to the Corporations. The examinations for the licence of the three Corporations are managed by a committee of representatives who are not examiners. The Board of Examiners is drawn from the schools of Edinburgh and Glasgow, is composed of the men who are most distinguished in the various departments, and is at the same time the largest board of examiners in the three kingdoms. There has thus been secured, not only a high standard, which is common enough, but also a discouragement of special cramming, and a justice and uniformity which are not easily attained. If the value of the examinations be estimated by the average number of rejections, it will be seen by the published returns that they bear favourable comparison with all others. At the last sederunt, the rejections were over 60 per cent., larger than usual by 5 or 6 per cent. It may frankly be admitted that none of these rejections arise from the fact that statements such as those referred to induce a certain number of unprepared men from other schools to make their appearance for examination here. These men, being relegated to their studies occasionally, continue their studies in the Scottish schools, and subsequently pass. In regard to higher titles, the Fellowship of the Royal College of Surgeons of Edinburgh is granted very rarely, perhaps once in one or two years, on the recommendation of the Council and by ballot of the College "to men who have highly distinguished themselves by original investigations, and possess registrable surgical qualifications of a sufficiently high order." (See Laws, p. 20.)

This is the case with most similar titles. But with this exception, the Fellowship is granted only after examination, the stringency of which may be judged by the fact that at the last examinations out of twenty-two candidates twelve were rejected. The recent action of certain provincial hospital boards has plainly been based on a narrow spirit of trades unionism, and not upon a just estimate of the value of the higher titles granted by the Scottish Colleges.

I am, Sirs, your obedient servant,

JOHN DUNCAN.

Edinburgh, July 25th, 1890. President R.C.S. Ed.

NURSES AT ASYLUMS.

To the Editors of THE LANCET.

SIRS,—In the last issue of THE LANCET I read with much interest your commissioner's report on the duties &c. of hospital nurses. Your reporter therein remarks: "But what strikes me as being the most urgent demand is for a shortening of the hours of unrelieved work. The twelve hours' system is a cruel strain on a woman's strength and nerve." Now, if the duties of a nurse in a quiet, orderly assembly of sane patients be so trying, what must it be to spend twelve or more hours amidst excited, violent, suicidal, or dirty lunatics? My object in writing to you is to express my hope that after you have dealt with the case of hospital nurses you will appoint a commission to investigate the hours of duty and amount of pay with respect to asylum nurses. I feel it will be found practically impossible to do much towards lessening the daily hours of duty, but a comparatively small proportional addition to an asylum staff would enable each nurse to have one day's leave each week, in addition to the leave already allowed; thus a good reduction in the weekly hours of duty would be effected. A still more important matter is that of pay and pension. At present, if a nurse saved the whole of her wages for twenty-five years the amount would be inadequate to buy an annuity, or produce interest that would suffice to feed and clothe her. Hence, in my opinion, every asylum nurse or attendant should be entitled to a minimum pension of £26 a year after twenty or twenty-five years' service in wards containing dangerous and harassing patients. If the pension were secure wages would not require to be raised. THE LANCET has been potent in bringing about important reforms. If it could effect some such changes as I have indicated it would bestow an inestimable boon upon hundreds of most deserving persons.

I remain, Sirs, your obedient servant,

VERAX.

"M. PASTEUR AND HYDROPHOBIA."

IN connexion with the letter under the above heading, which appeared in our last week's issue, the following correspondence has been sent to us for publication:—

Horton House, Halifax, July 18th, 1890.

DEAR SIR,—In reply to your letter of July 17th, I have the following observations to make:—

1. M. Pasteur, in a popular magazine, the *New Review*, appealed "to a public imperfectly educated in medical and scientific matters" in support of his system.

2. I have demonstrated, with the precision of a mathematical problem, the fallacies of the method, in another popular review, and only the most blinded partisan can refuse to accept my conclusions. I was not the first to appeal to a general public "necessarily ignorant on such matters." I think you rather under-estimate the intelligence of the public to which you and the Pasteurians did not hesitate to appeal at the Mansion House meeting.

3. You have, it is true, contradicted my statements in the *British Medical Journal*, and you have ostentatiously labelled your own opinions as facts. I decline to accept your observations as a settlement of the questions at issue. I prefer, even to your opinions, those of Professor Peter (Paris), Professor Billroth (Vienna), Professor Abreu (Portugal), Professors De Renzi and Amoroso (Naples), Professor von Frisch (Vienna), Dr. B. W. Richardson (London), Vincent Richards (Calcutta), Dulles (Philadelphia), Herman Biggs (New York), &c. If I err, I err in very good company.

4. I quoted your words under a special heading. They are absolutely correct. There is no suppression on the point at issue, and there was no necessity to bring in another subject.

5. If you will point out any individual misstatements in my article in the *Contemporary* in connexion with your name, I shall be obliged, and can then deal with them.

6. You can, by manipulation of figures, prove to your own satisfaction that M. Pasteur has saved 900 or 2000 lives, or reduced the mortality from 15 to 1·6 per cent. You might as well have said that he had reduced it from 65 or 93 to 1 per cent. I have no doubt you were satisfied with your figures as given to the Epidemiological Society. I was present, and was not satisfied except on one point—viz., to find that you agreed to an old opinion of mine expressed in the *Practitioner* of 1881, and contained in a Dog Act (which has since been copied), that rigorous police measures should be sufficient to keep down rabies and the accompanying mortality from hydrophobia.

7. I cannot repeat "misstatements," as I have not made any; but I am quite prepared to substantiate my opinions in medical journals or at scientific societies should occasion arise.

The problem now resolves itself, apart from all "enebriation" of figures, into a simple one: "Has M. Pasteur reduced the mortality from hydrophobia in a given district—the department of the Seine—where he has been operating under the most favourable conditions?" The answer is given by the death-rate, published by Dr. Dujardin-Beaumetz. If you care to defend this at the Congress at Berlin, I shall reply to you in the negative. I desire to speak out plainly, and I now take the trouble to tell you—I hope for the last time—that any little efforts I can render to humanity to rid it of this incubus in the shape of Pasteurism shall be readily and gladly given, for I am convinced that so far from lessening the sum of human misery caused by hydrophobia, Pasteur has increased it. Wherever a Pasteur Institute has sprung up the number of supposed rabid animals has increased; the number of dog-bitten have increased; the fear and misery caused by dog-bites have been intensified; whilst I need not say that the brute creation has fared even worse. I commend to your attention the opinion of the editor of the *New York Medical Record* on the establishment recently opened at New York. I hope my efforts in the *Contemporary* may do some good to counteract the propagandism in favour of the Pasteurian system initiated in the lay press by Pasteur himself and his adherents.

I remain yours very faithfully,

To Victor Horsley, Esq., F.R.C.S. &c. THOMAS M. DOLAN.

80, Park-street, Grosvenor-square, W., July 26th, 1890.

SIR,—By way of answering the letter in which I exposed your misrepresentations of my statements you make a fresh assertion of equally erroneous character—viz., that I ostentatiously "label my own opinions as facts." Since your memory of the *facts*, not *opinions*, given in the paper, at the reading of which you admit you were present, has apparently failed you, I advise you to honestly refer to it; but after such double and deliberate misrepresentations on your part I can take no further part in this correspondence.—Faithfully yours,

T. M. Dolan, Esq. VICTOR HORSLEY.

I shall feel obliged by your sending this letter to your exchanges, or by sending me their names for that purpose.

MANCHESTER.

(FROM OUR OWN CORRESPONDENT.)

River Pollution.

AN important step has lately been taken here, which may ultimately lead to a considerable improvement in the filthy condition of the rivers running through the city, in the shape of a conference of the representatives of the Lancashire and Cheshire County Councils, together with those from many of the large boroughs of the two counties, with the object of taking combined action in preventing the pollution of the rivers Irwell, Mersey, and Medlock with their numerous tributaries. As the watershed thus involved reaches to some sixty or seventy miles of river, the work is one of considerable magnitude. It is, nevertheless, especially to

Manchester, one of pressing need, and all those who have the sanitary welfare and health of the inhabitants of this district at heart will welcome this combined effort to deal with a long-standing nuisance.

The Hospitals.

At the annual general meeting of the trustees of the Lock and Skin Disease Hospital a very satisfactory financial report was presented. It was stated that, almost for the first time in the history of the hospital, it was absolutely free from debt. This desirable result had been brought about, however, by the receipt of several handsome donations during the year, and not from increased annual subscriptions. By general consent of the trustees of the charity this hospital will for the future be known simply as the Manchester and Salford Lock Hospital. The skin department has now for some years been practically separated from it, and located in a building near Piccadilly. At the annual meeting of the Royal Infirmary yesterday, a rather unusual donation of £100 was reported from an old *employé* of the firm of Messrs. Rylands and Co., "in commemoration of having completed fifty years' service in the firm."

Sewer Ventilation &c.

It has recently been decided by the City Council to freely ventilate all the sewers of the city by means of open grids at the street level. This proposal has brought forth a large crop of letters in the daily papers, protesting against any such course being adopted. Unventilated sewers are without doubt a source of danger to all dwelling-houses that have drain connexions from the interior; but, on the other hand, the experience of some other towns also points to the fact that where the public sewers are foul and with much deposit in them, these surface ventilators do become a serious source of nuisance. Some system of shaft ventilation or connexion with large chimney shafts would appear to be desirable in those sewers that are not tolerably self-cleansing. Complaints have also been made, as is usually the case when the hot weather arrives, of the condition of our water. Derived from an upland source over a large extent of moorland &c., it must necessarily contain a considerable amount of vegetable matter at some seasons of the year, and very efficient filtration is necessary during the summer months.

Medical Staff Corps.

The Manchester or fourth division of the Medical Staff Corps continues to flourish. The fourth annual inspection took place at Old Trafford, when the corps was under the command of Surgeon Crockwell. There was a total of 135 of all ranks on parade, the full strength being 175. The inspecting officer, Surgeon-General Archer, at the close of his inspection complimented the men upon the manner in which they had performed the afternoon's work and drill.

Cremation.

The cremation movement is still slowly progressing, thanks to the perseverance of a small number of energetic supporters. Finding that no substantial help was to be obtained from the corporation in affording facilities for the erection of a crematorium in one of the existing cemeteries, a company has been formed (with the Duke of Westminster as President), which hopes by means of subscriptions for shares to obtain sufficient capital wherewith to acquire a plot of land and erect the necessary buildings. The registered offices are at 15, Princess-street. Sir Henry Thompson has written a letter of encouragement and offered to become a patron of the Manchester Society.

Rabies.

After a long interval, and when it was hoped the county was free from rabies, another case has been reported from near Preston. A farmer and one of his servants living at Fulwood were bitten by the suspected animal, and forthwith left for Paris to be treated by M. Pasteur.

July 29th.

BIRMINGHAM.

(FROM OUR OWN CORRESPONDENT.)

Infant Feeding.

IGNORANCE on the part of some parents of what constitutes the proper food of infants receives a fresh illustration in the following incident. A child of tender age was regaled with pork chops, potatoes, and cabbage for dinner, after which it was treated to ice cream. In the same evening, after playing about, it was seized with sickness and pain, and on being taken to the hospital died soon afterwards. The medical evidence showed that death resulted from congestion of the stomach, and at the inquest a verdict in accordance with this was given. Such instances appear to have little effect in promoting elementary knowledge on the question of feeding children; the difficulty lies in reaching the understanding of those whose indifference on the subject is almost beyond the hope of reform.

Hospital Reform Inquiry.

The Committee on this subject held another meeting at the Council house on July 23rd. Some valuable evidence was given, in which the matter of subscribers being entitled to relief was discussed. To be provident rather than charitable in respect of these forms of subscription among the working classes was the main drift of the responses given to the inquiries. The meeting was again adjourned.

Medical Officers of Health.

The first provincial meeting of the National Society of Medical Officers of Health was held in Birmingham on July 20th. The members were driven to the interception department, and afterwards to the sewage farm, which places were inspected with considerable interest. At the subsequent meeting, under the presidency of Mr. May, Dr. Alfred Hill gave a description of the treatment of sewage and refuse in the city, pointing out that the cost to the authorities was from £10,000 to £12,000 a year. He advocated water carriage in preference to the present pan system. Dr. Dudfield, Dr. Wilson, Dr. Bostock Hill, and others joined in the discussion, and a successful meeting was the result.

The Health Department.

Apropos of the interception department, serious friction has taken place in the health committee of the city council on the resignation of the superintendent of this important work. On the motion of the council, an inquiry is being held as to certain allegations with regard to details of the work, and at present an amount of evidence has been given by various persons interested. To the ratepayers the question is an important one, and from a sanitary and health point of view the matter is sufficiently serious to call for close investigation. It would be manifestly wrong to express an opinion upon the accusations levelled at the committee until the inquiry, which promises to be an exhaustive one, is concluded.

Electric Tram-cars.

The Central Tramways have started on one section electric tramcars, which promise to be a great success. The line of route is three miles in length upon the Bristol road. Any change in the present nuisance of steam tram-cars, with the noise, smell, and attendant discomfort to various senses, must be welcomed. The new tram-cars are clean and wholesome, and if this praiseworthy effort is sustained as at present begun the gain will be an immense one to the town and to the individual.

British Medical Association.

The annual meeting now being held bids fair to be a success. Unbounded hospitality, abundant amusement, and social recognitions appear to be the order of the day. Fine weather favours the gathering, and the arrangements are ample and complete.

Birmingham, July 30th.

NORTHERN COUNTIES NOTES.

(FROM OUR OWN CORRESPONDENT.)

The City of Durham and its Workmen's Dwellings.

MR. EDWARD JEPSON, a member of the City of Durham Town Council, and medical officer of health for its rural district, writes a strong letter to the local press, pointing out the sanitary shortcomings of the dwellings of the working classes in the city of Durham. Mr. Jepson says that sanitary inspections of many of these dwellings have shown that scores of houses are not fit for human habitation. A nurse who has worked amongst the poorest in Southampton, Portsmouth, and Durham, has told him that she never saw such wretched homes as those in Durham. Mr. Jepson thinks that so serious a state of things at the doors of such wealthy bodies as the Dean and Chapter and the

Professors of the University of Durham claims their attention, and points out how readily land can be obtained for the formation of cemeteries, railways, &c., but not for simple decent cottages for artisans. Mr. Jepson's letter, coming from one with his position and knowledge, cannot be put aside and forgotten after the manner of the usual ephemeral newspaper correspondence.

Hexham.

At the last meeting of the Hexham sanitary authority, Dr. Maclagan, who had resigned, read his final report, and the election of a successor was proceeded with. It was stated that there were thirty-five applications. Dr. Bowstead of Leeds was elected. A letter was read from the Local Government Board pointing out that the reduced salary—viz., £210 per annum—was inadequate remuneration for a medical officer's entire time; but the authority, in directing their clerk to reply, desired him to mention at the same time the large number of medical men who applied for the post. This illustrates forcibly the over-stocking of the medical profession, and how advantage is taken of the fact (to its detriment) by "cheeseparing" sanitary boards.

Food Adulterations in the County of Durham.

Mr. Stock, the county analyst, in his report, mentions that during the ten years he has been analyst he has analysed 5119 samples of food and drugs, and the average adulteration in this period was 14·78 per cent. The percentage had declined from 18·67 in 1881 to 12·28 in 1890.

Coroners and Medical Fees.

An animated correspondence has been going on for some time, and has been published in our local papers, between Mr. Graham, the coroner of the Chester Ward in Durham County, and the clerk of the County Council. The clerk questions the legality of a fee of one guinea paid by the coroner to a medical witness, who, although not registered at the time, was fully qualified, and has also since registered. The County Council have upheld the decision of their clerk, and allowed the coroner 2*s.* 6*d.* only on the fee of an ordinary witness, instead of the guinea, so that by this the coroner is 18*s.* 6*d.* out of pocket. The coroner has further intimated to the clerk that his duty was to summon legally qualified medical practitioners, and to pay them their legal fees; that it rested with the coroner, and not with the County Council or their clerk, to judge of a legal qualification; and that he will by counsel move the Queen's Bench Division of the High Court of Justice at the earliest moment for a writ of *mandamus* to issue against the County Council of Durham to compel payment to him of such amount as may have been unlawfully disallowed.

Sunderland Medical Charities.

A prominent and respected citizen of Sunderland has proposed the amalgamation of the various medical charities of the borough with the infirmary; at least, the Monkwearmouth and Southwick Hospital, the Eye Infirmary, and others have been mentioned. The project will require much consideration, and so far it has not been received with very great favour. Sunderland covers a large and increasing space, and its medical charities cannot yet be said to be out of proportion to its population.

Newcastle-on-Tyne, July 29th.

SCOTLAND.

(FROM OUR OWN CORRESPONDENT.)

The Physiological Society.

LAST week the Physiological Society, presided over by Dr. M. Foster, met at Edinburgh at the invitation of the Royal College of Physicians. Friday was devoted in great part to work, Saturday to recreation. On the former of these days the Society met in the Research Laboratory of the Royal College of Physicians, when a number of short communications were made. The President of the Royal College of Physicians showed a patient exhibiting unique symptoms of physiological interest, the striking symptom being that when light was cut off from the right eye (the left being blind) the patient entered a state of profound unconsciousness. The physiologists offered no explanation of the phenomena. Professor McKendrick showed an apparatus for continuous electrification driven by the laboratory water motor, and intimated that he was making observations on the effect of continuous electrification on micro-organisms and on the atmosphere. Professor Roy and Mr. Adami showed a new form of sphygmograph for which they claim certain distinct advantages over those in use at present. Dr. Stockman pointed out that current views of the action of the morphine group were wrong; that their true action on the cord was first narcosis, and then a tetanic stage, but that the latter stage depended on the dose, and if it were large enough the tetanic stage came on without the first. Dr. Gulland communicated the results of a study in the development of adenoid tissue, taking for his observations the tonsil and thymus in rabbits. Several demonstrations were also given. Dr. A. Bruce, by means of the lantern, demonstrated the medullary connexions of the auditory nerve. Dr. Myles showed "colloid bodies" found in the brain after injury. Dr. Milne Murray demonstrated a sensitive reflecting galvanometer with adjustable damping. Dr. Edington gave a demonstration of recently described blood-corpuscles. In the afternoon the various physiological laboratories were visited by the Society, and in the evening they were entertained at dinner in the Physicians' Hall by the President and Fellows of the College. For Saturday an excursion by special steamer was organised to visit the Forth Bridge and the Bass Rock, luncheon being provided on board.

Death-rate of Edinburgh.

Last week the Public Health Committee had before them an interesting return, showing the death-rate per 1000 in each of the city wards during the past half year, and also the mortality by rental in the wards. Some rather startling results are brought out. For instance, in one ward the rate is 14·2 per 1000 in houses under £5, and 50 per 1000 in houses between £40 and £50. This is, of course, capable of explanation; for, taking the returns all over the city, the mortality is found to be lowest in the better class of houses, while it also illustrates how misleading limited statistics may be. The total deaths from zymotic diseases were 477, as against 141 in the corresponding period of 1889. Measles caused 224 of these deaths, and whooping-cough 147.

The Sanitary Association of Scotland.

The Congress of this Association met at Perth on Wednesday and Thursday of last week. Sir C. Cameron, M.P., the President of the Association, presided on both days. The President opened the proceedings by an address, after which various papers of interest were read and discussed. Professor Hay of Aberdeen, communicated the results of an inquiry into the vital statistics of children of the school age in Scotland. Professor Duncan of Glasgow gave some unusual instances of food adulteration. Mr. Honeyman, architect, Glasgow, argued in favour of the substitution of a standard of superficial area for one of cubic capacity in houses. Other papers dealt with Micro-organisms, Defects in the Public Health (Scotland) Act of 1867, the Ventilation of Sewers, and the Powers and Duties of County Councils and District Committees.

St. Bernard's Well.

The reports by the Edinburgh City analyst of the water of this well continue to be published regularly and show the water to be free from contamination.

The Berlin Congress.

The following Fellows of the Royal College of Surgeons of Edinburgh have been appointed delegates to the International Medical Congress at Berlin:—Dr. Charles Watson MacGillivray, Librarian, Mr. Andreas Berry, Dr. Henry Alexis Thomson, and Mr. Reginald Ernest Horsley.

Royal Hospital for Sick Children, Edinburgh.

Mr. Patrick Balfour Haig, M.B., C.M., and Mr. Robert Danson Rudolf, M.B., C.M., are to be resident physicians to this hospital for six months from November 1st next.

Proposed Hospital for Sick Poor in Dundee.

At a meeting of Committee of the Parochial Board a report was considered regarding the building of a hospital for the sick poor to contain 300 beds. Efforts are to be made to obtain a large field adjoining the poor-house.

Edinburgh, July 29th.

RESIGNATION OF A FACTORY CERTIFYING SURGEON.—Mr. Henry James Morehouse, L.S.A., who has been a certifying surgeon under the Factory Act since that measure came into operation in 1833, has been compelled from advancing years to resign that position.

DUBLIN.

(FROM OUR OWN CORRESPONDENT.)

Queen's College, Galway.

DURING the session 1889–90 the students on the College books numbered 122, being an increase of 15 as contrasted with the previous session. Of these, 46 entered in the Faculty of Medicine. The President, in his annual report, remarks that in order to estimate justly the condition of the College from the number of students, it should be borne in mind that daily attendance on lectures is enforced in all the departments of the College. This rule, which imposes on the great majority of the students which attend the College the expense of residing at a distance from home through a great part of each year, must tend, in the case of an institution which is mainly recruited from the middle classes, to lessen the number. But whatever may be thought of the numerical total, it will represent, to those who are acquainted with the method and character of the instruction given, a large amount of solid educational work. What has given its real value to the educational system of the Queen's Colleges is the persistent maintenance of the University principle—the ancient method of oral intercourse between teacher and scholar, liberalising by familiar intercourse and stimulating by mutual help. The Travelling Medical Scholarship, awarded for the first time last year by the Royal University of Ireland, was obtained by a student of the College, Mr. Joseph Stewart. A number of valuable specimens have been added to the Natural History Museum.

Royal Commission on Tuberculosis.

In addition to the names mentioned in THE LANCET of last week of the members of the Commission appointed by the Government to investigate the question of tubercular infection from food may be added that of Dr. McWeeney, pathologist to the Mater Misericordiæ Hospital, Dublin. Dr. McWeeney has, I understand, been nominated by the president of the Board of Agriculture as one whose scientific attainments eminently fitted him for that position.

Insanitary Condition of Green-street Court-house.

On more than one occasion the insanitary condition of this court-house has been referred to in these columns, and yesterday one of the witnesses in a case became so faint, from the close atmosphere and want of ventilation, that his examination had to be adjourned. The Recorder of Dublin spoke very strongly of the insanitary condition of the building, and said that the public should see that something was done to remedy this disgraceful state of things. The Corporation of Dublin, I believe, are willing to grant a considerable sum of money for a new court-house, but the sum offered by the Government is not deemed sufficient for the expenditure that would be required.

Presentation to Dr. James Sharpe, of Cootehill.

An address, accompanied by a purse of sovereigns, has recently been presented to this gentleman, who has been a resident of Cootehill for upwards of the past fifty years, on the occasion of his removing to England. The address spoke in high terms of Dr. Sharpe's skill, ability, and kindly solicitude for his patients.

Death of Dr. Stephen Myles MacSwiney of Dublin.

I record with sincere regret the death of an esteemed Dublin physician, which took place at his residence in Upper Merrion-street on Tuesday, July 29th. The deceased was a graduate in medicine of the University of St. Andrews, Fellow of the College of Physicians, Fellow and Examiner in Medicine in the Royal University of Ireland, Senior Physician to Jervis-street Hospital, and Lecturer on Forensic Medicine in the Catholic University Medical School. He was the author of numerous contributions to medical literature, which were always interesting and instructive; and he was justly regarded as a physician of great experience and ability. The writer of this necessarily imperfect sketch, who possessed his friendship for many years, has a melancholy pleasure in bearing testimony to his kind and genial disposition, and thoroughly honourable and trustworthy character. His remains will be interred on Saturday next.

The Science and Art Museum, Dublin, will be formally opened by his Excellency the Lord-Lieutenant on Aug. 29th.

Dublin, July 29th.

PARIS.

(FROM OUR OWN CORRESPONDENT.)

Mineral Waters.

IN a very interesting note by Dr. Frémont, formerly chief of the Laboratory of the Faculty of Paris, it is stated that the curative action of mineral waters is not due exclusively to the salts which they contain, but also to the presence of different micro-organisms. In speaking of the different waters of Vichy, of which there are several springs, the author observes that one must not look at them as simple solutions of bicarbonate of soda, as he had discovered in each of the mineral springs different micro-organisms. The difference of temperature between them cannot altogether explain the curative action of these waters. Some of the microbes referred to are found in a great many non-mineralised waters, but there are several others, such as the water of the "Grande-Grille" and of the "Hôpital," which it is impossible not to admit have a special beneficial action, as they very rapidly transform the albuminoids into peptones, and thus produce a veritable digestion. He therefore concludes that the *rôle* of micro-organisms is not foreign to the curative action of the waters of Vichy in the affections of the stomach, of the intestines, and consequently of the liver. We are now recommended no longer to believe, with Petit, that the waters of Vichy dissolved stones in calculous maladies of the liver or of the kidneys, and that it was thus that the cure was effected. It is certain that the waters of Vichy do not dissolve any calculi; they modify the liquids which surround them, dissolve the mucus which keeps the several calculi together, and thus facilitate the expulsion of the gravel. But, above all, adds the author, Vichy waters, thanks to the action of their microbes, modify the vitality of the organism and prevent the formation of new concretions. The only appreciable effect of the waters of Vichy, taken in moderate doses, is to stimulate the gastro-intestinal functions. Digestion is rapidly effected and the appetite increases. After twenty or twenty-five days of treatment at Vichy the patient cannot absorb the waters with pleasure, which is a clear sign of saturation. The waters should then be no longer taken. The waters of Vichy are neither constipating nor relaxing. Sometimes, however, a temporary diarrhœa is observed during the hottest months, but it is always of very short duration. Occasionally nervous patients have experienced a certain degree of vertigo after the ingestion of the waters of Vichy. This vertigo is very rare, and indicates simply that the manner of taking the water should be modified. Dr. Frémont concludes his note by drawing attention to the most important modifications that should be known, and that may be observed in the patients who drink of these waters in therapeutical doses. He says that the appetite increases, organic metabolism becomes more and more active, the elimination of the urea of twenty-four hours augments, the pulse becomes larger, more developed, and more regular. The intra-arterial pressure increases, the globules of the blood become more numerous, and the hæmoglobin more abundant. In general the weight of the body increases, and adipose subjects become reduced in size, while at the same time their strength increases. The mineral springs of Vichy are numerous, and bear the following names: Grande-Grille, Hôpital, Hauterive, Célestins, Chomel, Puits-Carré, Mesdames, Lardy, Parc, &c. They are all very alkaline, and perfectly limpid. Their temperature ranges from 12° to 45° C., and, thanks to these variations of temperature, the Vichy "cure" may be easily supported by patients. Certain morbid states are especially relieved by the Vichy waters, it being usual to recommend Grande-Grille in diseases of the liver and of the biliary apparatus, Hôpital in diseases of the stomach, Hauterive in affections of the stomach and of the urinary apparatus, and Célestins in gravel, diseases of the bladder, &c.

Cannabis Indica.

Professor Germain Sée has commenced a very important study on the uses of cannabis indica in the treatment of neuroses and gastric dyspepsia, the first part of which he communicated to the Academy of Medicine last week. "Haschish," the name by which it is commonly known, is extracted from the Indian hemp. It is a com-

plex substance, and contains a dangerous tetanising poison, analogous to strychnine or to thebaine. About thirty-five years ago, Personne succeeded in disengaging haschish from this product, and discovered in cannabis indica the existence of a glucoside and also an ethereal oil. Three products have since been extracted from Indian hemp, and Prof. Sée has particularly studied the therapeutical properties of one of them—viz., the fatty extract,—which is prepared by dissolving by heat, in butter; that is to say, the alcoholic extract made with pure alcohol at 90°, and washed with water. It has been generally thought that cannabis indica possessed somniferous properties; but Prof. Sée states this to be an error. He was struck with the sedative action which this substance possesses on the pneumogastric nerve, and he has established the indications for the fatty extract in diseases of the stomach. To comprehend them, one must be acquainted with the present state of science as far as concerns neuroses and gastric dyspepsias. The neuroses—that is, maladies without lesion of the organ—were numerous at the commencement of the century, but the microscope has gradually reduced the number, sometimes revealing a chronic gastritis and atrophy of the glands, as in cancer, the knowledge of which is only recent. But true progress in the knowledge and treatment of diseases of the stomach has been effected only since physicians have understood the part played by abnormal chemical composition of the liquids contained in the stomach. Two years ago, Professor Sée made a communication to the Academy of Medicine on this subject. He now contents himself by recalling the signification of hyperchlorhydria, organic hyperacidity, and anachlorhydria. He insists on the *rôle* of hydrochloric acid in digestion, without which pepsine, which always exists in large quantity in the stomach, is inactive. The acid not only digests, but controls abnormal fermentation. It is indispensable that the quantity of hydrochloric acid be moderate. If from 1 or 1·5 per cent. it rises to 3, 4, and 5 per cent., there is hyperchlorhydria, and accidents supervene. Professor Sée has promised to continue the subject at an early meeting of the Academy.

The Berlin Congress.

The Minister of Public Instruction has constituted the delegation which is to represent France at the International Congress of Medicine about to meet at Berlin. The delegation is composed as follows:—Professor Bouchard, member of the Academy of Medicine of Paris, who has been appointed president; Dr. Baudouin; Dr. Berlioz, former chief of the Laboratory of the Faculty of Medicine of Paris; Dr. Bouchut, Dr. Chantemesse, *agrégé* at the same Faculty; Dr. Gellé and Dr. Javal, members of the Academy of Medicine; Dr. Josias, hospital physician; Dr. Gley, member of the Academy of Medicine; Dr. Lacassagne, Professor at the Faculty of Medicine of Lyons; Dr. Le Fort, member of the Academy of Medicine; Dr. Leloir, professor at the Faculty of Medicine at Lille; Dr. Magitot, member of the Academy of Medicine; Dr. Moure, Professor of Laryngology, Otology, and Rhinology at Bordeaux; Dr. Nicaise, hospital surgeon; Dr. C. Richet, member of the Academy of Medicine; Dr. Valude, hospital physician; Dr. Vignes, Ophthalmologist. The first meeting of the Annual Congress of Mental Medicine will be held at Rouen on Tuesday, August 5th, 1890.

Paris, July 29th.

THE SERVICES.

ADMIRALTY.—The following appointments have been made:—Surgeon Whitfield Perkins, M.D., to be Surgeon and Agent at Port Isaac (dated July 24th, 1890); Fleet Surgeon Charles W. Nibbs to the *Northumberland* (dated July 23rd, 1890); and Staff Surgeon W. H. Patterson to the *Narcissus* (dated July 26th, 1890).

VOLUNTEER CORPS.—*Rifle:* 4th Volunteer Battalion, the Gordon Highlanders: Surgeon P. Divorty retires on account of ill-health (dated July 26th, 1890).—3rd Volunteer Battalion, the Queen's (Royal West Surrey Regiment): Richard Jas. Maitland Coffin, Gent., to be Acting Surgeon (dated July 26th, 1890).

INFANTRY VOLUNTEER BRIGADE.—Severn Brigade: Surgeon J. W. Mulligan, 3rd Volunteer Battalion, the South Wales Borderers, to be Brigade Surgeon, ranking as Lieutenant-Colonel, vice Ward, resigned (dated July 26th, 1890).

ROYAL COLLEGE OF PHYSICIANS.

THE ordinary quarterly Comitia of the Royal College of Physicians was held on July 31st, the President, Sir Andrew Clark, Bart., in the chair.

The Registrar reported that in accordance with the resolution of the special Comitia held on the 28th, he had communicated to the University of London the decision arrived at by the College with respect to the reconstitution of the University. A letter was read from the Royal College of Surgeons referring to the same subject, and stating the steps taken by that College in the matter.

Dr. Quain, Vice-President of the College and member of the Senate of the University, informed the College that the Senate, having received these various resolutions, had decided to refer the whole question to the consideration of the Lord President of the Privy Council.

Nine new members were admitted and 123 licentiates. The diploma in Public Health was granted to twenty-three candidates.

The President stated that a deputation representing the various medical bodies of the kingdom had had an interview with the Secretary of State for War, and he hoped that the interview would result in some remedy to the grievances of the Army Medical Department.

A letter from the National Leprosy Fund was read, requesting that Sir A. Clark, as President of the College, should have a seat on the Executive Committee of the Fund, and that two Fellows of the College should be nominated to serve on the special committee connected with the projected commission of inquiry. Sir A. Clark's nomination was accepted. Sir Dyce Duckworth and Dr. Heron were requested to serve on the Special Committee.

The resolutions of the General Medical Council with regard to professional education and examinations were read, and referred to the Council for consideration and report.

A memorial was read from the deans of the London medical schools asking that—(*a*) candidates failing to pass the early examinations of the Conjoint Board should be required to produce evidence of further instruction in these subjects at recognised schools; and (*b*) that in the schedules of attendance at lectures required of candidates the words, "to the satisfaction of the teacher," be added.—On the motion of Dr. Mitchell Bruce, seconded by Dr. Curnow, it was referred to the Committee of Management.

A communication was received from Dr. R. Renton upon the Midwives' Registration Bill.

A letter was read from the Honorary Secretary of the Library Restoration Committee, University of Toronto, thanking the College for its gift of books.

Communications were also received from the Metropolitan Asylums Board and the Pharmacopœia Committee of the General Medical Council.

Applications were received from certain schools for recognition as places of instruction for candidates for diplomas in Public Health, and on the motion of the Emeritus Registrar, seconded by Dr. N. Moore, it was referred to the Committee of Management to lay down certain rules, subject to the approval of the College, for determining what institutions should be recognised, and on what terms, as giving adequate instruction for the purposes of the Public Health diploma.

The annual election of the officers of the College then took place. Censors: John Russell Reynolds, M.D.; Sir William Roberts, M.D.; Octavius Sturges, M.D.; William Selby Church, M.D. Treasurer: Sir Dyce Duckworth, M.D. Emeritus Registrar: Sir Henry Pitman, M.D. Registrar: Edward Liveing, M.D. Harveian Librarian: William Munk, M.D.

The members of the various Standing Committees and Examiners were also elected.

Dr. John Harley was elected a Councillor, in the place of the late Dr. A. J. Pollock.

The quarterly report of the Finance Committee was received and adopted, and the annual reports of the Library Committee and of the Curators of the Museum were also received.

A report from the Laboratories' Committee was read and adopted.

ROYAL COLLEGE OF SURGEONS.

AT an ordinary meeting of the Council of the College, held on Monday, the 28th ult., the minutes of the quarterly council were read and confirmed.

A report, dated July 24th, 1890, was read from the delegates of the College on the revised scheme for the reconstitution of the University of London, and it was resolved by the Council that, as the two Colleges were not in agreement in the conclusions at which they had arrived with respect to the revised scheme for the reconstitution of the University of London, they should set before the University their own views as to the conditions which should form the basis of a further consideration of the scheme, in conference with the Senate.

It was agreed that the annual meeting of the Fellows and Members of the College should be held on Thursday, Nov. 6th next, at 3 P.M., and that the notices respecting it and the contents of the report from the Council be the same as laid down in the minutes of the Council of Aug. 6th, 1875, and April 12th, 1888.

A letter from Dr. Mitchell Bruce was read, forwarding, by the request of the deans of ten of the metropolitan medical schools, a memorial praying the committee of management of the two Colleges to take into consideration certain resolutions passed at a meeting of the deans, and approved by the committees of the respective schools, on the subject of the production by candidates for the Conjoint Board of certificates of instruction, and of the form of such certificates. A letter of similar import was also read from the dean of St. Bartholomew's Hospital. These were referred to the committee of management.

A letter was read from Sir J. A. Somers Vine, honorary secretary of the National Leprosy Fund, enclosing a pamphlet respecting that Fund, and requesting the Council, on behalf of the committee of the Fund, to nominate a representative to be one of three gentlemen to form a committee to go to India, and to act there in conjunction with two officers of the Government of India, for the purpose of investigating the disease of leprosy. The Council appointed Mr. Alfredo A. Kanthack, F.R.C.S.

The next meeting of the Council will be held on Oct. 9th.

Obituary.

SIR WILLIAM CARTER HOFFMEISTER, KT., M.D., L.R.C.P., F.R.C.S.

THIS distinguished physician was born at Portsmouth, July 6th, 1817, and was educated at the University of Glasgow and University College, London, where he acted as clinical clerk to Dr. Elliotson and dresser to Mr. Liston. In 1841 he commenced practice at Cowes, Isle of Wight, was elected at Lord Yarborough's nomination to the surgeoncy of the Royal Yacht Squadron, and on Her Majesty the Queen and the Prince Consort coming to Osborne in 1845, he had the honour of being selected by Sir James Clark to attend the Queen and Royal Family in the Isle of Wight. Sir William Hoffmeister for several years attended Her Majesty to Balmoral, remaining in medical charge, and on two occasions attended her late Royal Highness the Grand Duchess of Hesse (Princess Alice) in her confinements at Darmstadt, and Princess Leiningen at Osborne also on two occasions. He held at one time the highest medical rank in the Isle of Wight Volunteers, and was consulting physician to the Royal Isle of Wight Infirmary, Ryde. At one time, too, he took a leading part in all local affairs, and was an active promoter of the Royal Medical Benevolent College, of which he was vice-president. Five weeks ago a severe attack of bronchitis came on, which eventually led to his death on July 29th. During his illness Her Majesty the Queen and the Royal Family were most sympathetic and gracious.

POISONED BY WINKLES.—A commercial traveller has died from poisoning, the result presumably of eating winkles purchased at a street stall. Other members of the family were taken ill, but recovered.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen (licentiates of the Royal College of Physicians, London, with the exception of those to whose names an asterisk is affixed), having passed the necessary examinations, and having conformed to the by-laws and regulations, were at an ordinary meeting of the Council on the 28th ult. admitted Members of the College:—

Addison, Hugh Cecil, Broxbourne.
Aldridge, Augustus Henry, Rochdale.
Allden, Sidney James, Newcastle-on-Tyne.
Atkinson, Arthur Edward, Southampton-street.
Austen, Harold William Colmer, Percy-circus, King's-cross.
Ballance, Herbert Stanley, Fellows-road.
Bayliss, Richard Arthur, Spondon.
Beesley, Albert James, Liverpool.
Bennett, William Edward, Coventry.
Benson, Christopher, Summer Bridge, Leeds.
Berry, Albert Edward, Pendlebury, Manchester.
Blacker, George Francis, Castletown-road, West Kensington.
Bryant, John Henry, Ilminster.
Carruthers, Alan Eskrigge, Skipton.
Clarke, Basil Robertson, Gladsmuir-road.
Clowes, Norton Burroughs, Stalham, Norfolk.
Coleman, Alfred Thomas, Leicester.
Collins, John Norton, Sydenham.
Collum, Archie Tillyer, Surbiton.
Cooper, Henry Spencer, Brightlingsea.
Crosby, Herbert Thomas, Gordon-square.
Curgenven, William Brendon, Teddington.
Davies, Abel Christmas, Llandyssul, South Wales.
Dawes, George Harry, Ecclesall-road, Sheffield.
Dawson, Bertrand Edward, Park-road, New-cross.
Dickson, John William, Preston, Lancashire.
Dobie, Herbert, Chester.
Downing, William, Varna-road, Birmingham.
Draper, Thomas Makin, Lancashire.
Drew, Douglas, Gloucester-place, Hyde-park.
Dumergue, Herbert Walter, Lexham-gardens, Kensington.
Farncombe, William Turberville, Belgrave-street, Birmingham.
Gane, Edward Palmer Stewart, Torrington-square.
Garrett, Philip Gell, Huddleston-road, Holloway.
Gaskin, Alfred Charles, Whitmore-road, Birmingham.
Gibbs, Charles, Alexandra-road, S. Hampstead.
Hall, Elias George, Napier-road, Bristol.
Hancock, William John, Peru-street, Higher Broughton.
Harper, Henry Cecil, Stowmarket, Suffolk.
Head, Henry, Clarence-terrace.
Hodgson, Harold, Coleshill, Amersham, Bucks.
Hogarth, Bertram Whewell, Queen-street, Morecambe.
Horrocks, Herbert, Derby-street, Manchester.
Hubbard, Arthur Oldham, Millman-street.
Hughes, Wilfred Kent, Woburn-square.
Ionides, Theodore Henry, Kensington.
Irvine, Arthur Gerard, West Bromwich.
Ivatts, Edgar Reginald, Dublin.
Johnston, George Saint, Birmingham.
*Johnstone, James, M.B.Aberd., Aberdeen.
King, Arthur, Lambeth Palace-road.
Krohn, Ronald Edward Stewart, Belsize-square.
Lake, Charles Leonard, Banbury.
Leaf, Cecil Huntington, Streatham-common.
Lucas, Arthur, Bury, Lancs.
McGregor, Charles, Portsmouth.
Mangan, Frederick Meredyth, Fairholme-road.
Margrave, Malcolm Llewellyn, Thomas-street, Llanelly.
Marshall, Charles Devereux, Southsea.
Maurice, George Thelwell Kindersley, Marlborough.
May, Francis Hollingsworth, Birchfield-road, Birmingham.
Mayne, James O'Neill, University College Hospital.
Metcalfe, Alfred Waugh, Yorkshire.
Millar, William Heptinstall, Brixton-hill.
Mitchell, Ernest John Drum, Buckgrove, Lee.
Moore, Joseph, Finsbury Park.
Moreton, Thomas William Earl, Lambeth Palace-road.
Morris, Henry Gibbins, Middlesex Hospital College.
Nall, John Frederick, St. Bartholomew's Hospital.
Naylor, William Roebuck, Leeds.
Newman, Ernest Alan Robert, Grenville-street.
Nodes, John Dickinson Sydenham, Upper Bedford-place.
Nuthall, Robert Lothian Scratchley, St. Stephen's-avenue.
Okell, Edwin Thomas, Chester.
Orford, Robert James, Market Bosworth, Hinckley.
Paget, Tom Lakin, Welbeck-street.
Paul, John Ernest, Queensborough-terrace.
*Phillips, Thomas Grace, L.S.A., Leiston, Suffolk.
Pickles, Joseph Arthur, Prestwich, Manchester.
Playfair, Hugh James Moore, Pelham-street.
Pollock, Richard Gordon, Blackheath.
Potts, William James, The Crescent, Salford.
Preston, Charles Henry, Rivershill, Sale, Cheshire.
Prime, Charles Joseph, Tyrwhitt-road.
Pritchard, William Bridgett, Manchester.
Prince, John Woolnough George, Staines.
Pritchett, Sidney Isaac, Kings Norton, Worcestershire.
Read, Richard Henry, Oxford-road, Manchester.
Reynolds, Robert Hewetson, Peak-hill, Sydenham.
Richards, Joseph Stewart, Bryntirion, Oswestry.
Riley, Frederick Ratcliffe, Park-avenue, Wood Green.
Ringrose, Ernest, The Larches, Wood Green.
Robinson, Bertie Leonard, Windsor.

*Seal, Charles, M.B. Melbourne, Mornington-road.
Sharman, Eric Harding, Bournemouth.
Shepheard, John, Lambeth Palace-road.
Simmons, Gerald Allpress, Ladbroke-grove-road.
Slater, Howard, Seymour-road, Plymouth.
Snell, Sidney Herbert, Christchurch-road.
Stevens, Thomas George, Newington-green.
Thorne, John Mills, Wandsworth-common.
Tilley, Herbert, Mornington-crescent.
Tompsett, Robert Henry, Somersetshire.
Turner, Charles Byron, Grimsby.
Turner, Edward, Thornton Heath.
Vicars, Frederic George, Cranfield-road.
Vickers, John Benjamin Nicholson, Blomfield-terrace.
Vintras, George Charles Louis, Hanover-square.
Waggett, Ernest Blechynden, Perivale, Bournemouth.
Walsh, Leslie Herbert, Edith-road, West Kensington.
Webb, Frank, St. Mark's-square.
Webber, Henry Woolmington, Plymouth.
Whitehead, Elihu Theophilus, Winders-road.
Williams, John Edward, York-road.
Williams, Lewis, King Edward-road, New Barnet.
Wohlmann, Arthur Stanley, Dean-street, Bow.
Wood, Frank Stanley, Streatham-hill.
Wood, Joseph Cudlip, Surbiton.
Wood, Thomas Jason, Hornsey-rise-gardens.

VICTORIA UNIVERSITY: FACULTY OF MEDICINE.—The following candidates have satisfied the Examiners:—

Final Examination (Part I.).—*J. H. Bailey, Owens College; H. A. Beaver, University College; *J. W. Crawshaw, Owens College; S. H. Fairrie, University College; G. F. Jones and W. C. Rigby, Owens College; J. H. Shaw, University College.

Final Examination (Part II.).—*First Division:* E. M. Brockbank, Owens College; †A. J. Chalmers, University College; ‡‡Herbert Horrocks and W. J. Kerr, Owens College. *Second Division:* R. A. Beaver, Jabez Gould, J. M. H. Martin, and S. G. Moore, University College; Leonard Youatt, Owens College.

* Distinguished in Obstetrics.
† Distinguished in Medicine. ‡ Distinguished in Obstetrics.

The following have satisfied the Examiners at the Examination for Diplomas in Sanitary Science:—

George Bower, Cedric Challinor, William Graham, James Jardine, Benjamin Jones, and A. P. Thom, all of Owens College.

NAVAL MEDICAL SERVICE.—The following candidates, who competed at the examination recently held at Examination Hall, Victoria Embankment, for appointment as Surgeons in the Royal Navy, have been successful:—

	Marks.		Marks.
H. W. Finlayson	2570	R. Hill	2271
F. Fedarb	2514	F. Bradshaw	2251
R. C. Munday	2385	G. Edmonds	2216
E. C. Cridland	2324	M. J. O'Regan	2207
G. McShane	2316	R. F. Bate	2047

COTTAGE HOSPITAL AT BINGLEY.—The ceremony of opening this hospital took place on Saturday last. It has been erected for the benefit of the sick poor of the town and district, and formed part of the scheme decided upon by the inhabitants of Bingley, to commemorate the Queen's Jubilee. The building has cost about £3000, is entirely free from debt, and will accommodate fifteen patients; it is eligibly situated, and well adapted for the demands likely to be made upon it.

MEDICO-PSYCHOLOGICAL ASSOCIATION.—The following candidates passed the examination for the certificate in Psychological Medicine:—At Edinburgh: Annie W. Jagannadham, G. A. Watson, E. Alexander, S. W. Carruthers, G. M. Cullen, J. A. Ewan, A. C. E. Gray, A. L. Kerr, H. J. Mackenzie, C. P. Parry, H. Rainy, M. A. Reid, A. M. Williamson. At Glasgow: R. C. Brodie, W. Barbour, A. Kelso, J. M. Johnston, E. L. Marsh, L. R. Oswald. At Aberdeen: J. Macdonald, W. L. Mackenzie, G. Mackie, S. Couper, Gray Hassall, J. T. Wilson, R. A. S. Eden, P. R. Ingram, J. Walker, W. T. Scott.

PRESENTATIONS.—Dr. Evan Pierce of Denbigh was last week presented with another testimonial—on the present occasion by the members of the Odd Fellows' Club, at Llanrhaiadr, on his resigning the office of medical officer, which he had held for fifty years. The testimonial consists of a handsome artistically finished illuminated address in a massive gilt frame, which expresses the desire of the members of the lodge to commemorate the jubilee of his appointment as their medical officer, of their appreciation of his professional services for that long period, and of regret at the severance of his connexion with the club.—Mr. Hugh R. Ker, F.R.C.P., F.R.C.S. Edin., M.R.C.S. Eng., of Halesowen, Worcestershire, who has practised in that town and surrounding district for about twenty years, has been presented with an illuminated address and a silver Elgin bowl, on the occasion of his removing to Balham, Surrey.

THE NURSES' CONVALESCENT HOLIDAY FUND.—The Queen has been graciously pleased to send a donation of £20 to this fund.

DERBY INFIRMARY.—The governors have resolved to entirely rebuild this infirmary at a cost of upwards of £50,000. The existence of serious sanitary defects in the building was the alleged cause of the recent epidemic of fever amongst the nurses.

THE COLLEGE MUSEUM AND LIBRARY.—We would remind our readers that the Library of the College of Surgeons will be open only until 6 P.M. during the month of August, and be closed entirely during September. The Museum will be closed during August and September, in order to permit of important alterations.

RABIES IN MIDDLESEX.—During the quarter ending June last five dogs were seized with rabies in the county of Middlesex, and but for this the Board of Agriculture would probably have withdrawn the muzzling order. During the same period 526 dogs were seized, 87 of which were claimed, while the remainder were slaughtered. Nearly double this number were seized during the preceding quarter.

OPHTHALMIC HOSPITAL FOR SOUTHWARK.—On Thursday afternoon his Royal Highness the Prince of Wales, who was accompanied by the Princess of Wales, laid the foundation stone of the Royal London Ophthalmic Hospital, St. George's Circus, Southwark. The new building will cost £20,000. By permission of the Princess of Wales one of the wards is to be called the "Alexandra ward." Earlier in the day their Royal Highnesses paid a visit to the Evelina Hospital for Children in the Southwark Bridge-road.

SUNDERLAND INFIRMARY.—This institution continues to pursue its prosperous and satisfactory career. The 91st annual report draws especial attention to the subscriptions received during the past year from the working classes, the amount being £4143, an increase of £360 on the previous twelve months. The average daily number of beds occupied was 147 8, against 128 5 in 1888. The income from all sources was £8456 12*s.* 3*d.*, and the total expenditure £7125 1*s.* 8*d.* The Hartley memorial wing, erected at a cost of £14,500, had been handed over free from debt, and Miss Foster of London (the principal owner of the South Hetton colliery) had offered to defray the cost of building isolation wards.

ATHLETIC SPORTS: LONDON ATHLETIC CLUB *v.* UNITED HOSPITALS.—This meeting took place on Saturday, the 26th ult., at Stamford Bridge. The L.A.C. were successful by winning seven events. *Half-mile Race*—A. R. M. Lawford, L.A.C., 1; W. Kent-Hughes, U.H., 2; H. W. Thomas, L.A.C., 3; A. R. Badger, U.H., 4; the winner's time was 2 min. 2⅘ sec. *100 Yards Race*—B. C. Green, U.H., †; G. S. Marshall, U.H., †; E. H. Pelling, L.A.C., †; G. G. Williams, L.A.C., 0. *Throwing the Hammer*—J. E. Fraser, U.H., 99 ft. 6 in., 1; W. A. Burgess, L.A.C., 94 ft. ½ in., 2; J. R. Orford, L.A.C., 0. *120 Yards Hurdle Race*—C. W. Haward, L.A.C., 1; B. C. Green, U.H., 2; Hon. H. D. Gibson, L.A.C., 3; won by four yards, two yards dividing second and third; time, 16½ sec. *One Mile Race*—C. Wace, U.H., 1; T. D. Dutton, L.A.C., 2; W. Kent-Hughes, U.H., and F. A. Cohen, L.A.C., also ran. Wace's three-quarters of a mile was accomplished in 3 min. 31 sec., and the full distance in 4 min. 34⅘ sec. *High Jump*—T. Jennings, L.A.C., 5 ft. 10 in., 1; P. Pierre, U.H., 5 ft. 9 in., †; C. W. Haward, L.A.C., †. Jennings in an exhibition jump cleared 5 ft. 11 in. *220 Yards Race*—A. R. M. Lawford, L.A.C., 1; D. Basan, L.A.C., 2; G. S. Marshall, U.H., 3; won a magnificent race by half a yard, six inches only separating the second and third; time, 23 sec. *Putting the Weight*—W. Murray, L.A.C., 35 ft. 2½ in., 1; W. G. West, U.H., 33 ft. 9 in., 2; T. Jennings, L.A.C., 32 ft. 6 in., 3. *Long Jump*—R. G. Hogarth, U.H., 20 ft. 9½ in., 1; A. R. Badger, U.H., 20 ft. 8¾ in., 2; T. Jennings, L.A.C., 20 ft. 4 in., 3; Hon. H. D. Gibson, L.A.C., also competed. *440 Yards Race*—P. R. Lloyd, L.A.C., 1; J. P. Shuter, L.A.C., 2; B. C. Green, U.H., 3; won by five yards, Shuter beating Green by six inches for second place; time, 50⅘ sec. *Three Miles Race*—Harold Wade, L.A.C., 1; Sid Thomas, L.A.C., 2; H. W. Cooper and F. E. Easton, U.H., and F. A. Cohen, L.A.C., also ran; won by seventy yards in 15 min. 10 sec.

WATER-SUPPLY. — The inquiry into the water-supply of London will be resumed at Guildhall, under the presidency of Sir Guyer Hunter, on Tuesday next, Aug. 5th, at noon.

NEW INFECTIOUS DISEASES HOSPITAL, CALVERLEY.—Final arrangements have been made to erect a new infectious diseases hospital, near Gain-lane, Calverley Moor, by the Joint Hospital Board of the Idle, Eccleshill, Calverley, Farsley, and Pudsey districts.

COLOUR BLINDNESS.—The Committee on Colour Blindness of Sailors and Railway Servants, in the prosecution of their inquiry, are making a personal and special test, taken haphazard, of the amount of colour blindness amongst the *employés* at the workshops at Willesden of the London and North-Western Railway Company.

PROPOSED NEW LEPER ASYLUM FOR CALCUTTA.—As the existing asylum is inconveniently situated, the Bengal Government has appointed a committee to consider the question of a new leper asylum for Calcutta. According to the last census there were 387 lepers in Calcutta, but it is supposed the number is now much larger.

THE RIBERI PRIZE.—The Turin Academy of Medicine has proposed the following theme for the Riberi Prize of about £750:—"Researches on the Nature and the Prophylaxis of one or several Infectious Diseases of Man." Works may be sent printed or in manuscript; they may be in Italian, French, or Latin: and printed works must have appeared since 1886. The date limit is Dec. 31st, 1891.

THE NEW EYE HOSPITAL, SWANSEA.—The formal opening of this hospital took place on the 24th ult. It is an annexe, erected in the grounds of the General Hospital. A commodious and well-appointed building, with ample accommodation for the increasing number of cases of injury and diseases of the eye in the district. It supplies a severely felt want at Swansea, and has been provided mainly by the zealous efforts and generosity of Mr. Jabez Thomas, a surgeon of that town.

DERBY AND DERBYSHIRE CONVALESCENT HOME.—The first annual meeting and luncheon of the governors was held on the 8th ult. at the institution, Matlock. A large marquee had been erected, in which the meeting took place. The assembly was representative of the county. Sir T. W. Evans, Bart., presided, and in proposing "Prosperity to the Derby and Derbysbire Convalescent Home," he remarked that homes of that class were most valuable, and it was desirable their usefulness should not be hampered by any lack of means. The report was adopted.

BURIAL REFORM.—Bishop Barry, presiding at the twelfth annual meeting of the Church of England Burial Reform Association, held last week in Sion College, London, read the following letter from Sir Francis Knollys on behalf of the Prince of Wales, addressed to the Rev. F. Lawrance, hon. sec.:—"I am desired by his Royal Highness the Prince of Wales to acknowledge the receipt of your communication, and to state, in reply, that he trusts the burial reform advocated by your society may be speedily carried into effect, and that in view of the rapidly-increasing population of the kingdom, the present system of burying the dead may be exchanged for one more in accordance with the requirements of the age and the sanitary interests of the community." The chairman read letters expressing approval of the objects of the association, and regretting inability to attend, from the Duke of Westminster, Earl of Aberdeen, Viscount Sidmouth, a large number of bishops, and other eminent persons, including several prominent members of the medical profession. The following resolutions were carried unanimously:—1. "That the true principle for the disposal of the dead body lies in providing against its becoming injurious to the living, and that when buried it should be enclosed in a perishable coffin, and laid into sufficient and suitable earth." 2. "That the Government be memorialised to concentrate in the Local Government Board the control over burial places now divided between that board and the Home Office." 3. "That the formation of burial guilds, whereby the dead can be buried Christianly and inexpensively, is much to be desired." An urgent appeal was made for funds, which are much needed.

THE DEAF IN INDIA.—It is stated that the report of the late Royal Commission on the Blind and Deaf has produced a very favourable effect in India, and that voluntary contributions are forthcoming for the erection in Calcutta of an Educational Institution for the Deaf. Baber Girindra Nath Bose, a native gentleman, promises 2400 rupees per annum, for three years, and 1000 rupees at once. These contributions the Bengal Government will supplement by a grant from public funds, and under its auspices inquiries are being made in England for a competent Oral Teacher.

MEDICAL NOTES IN PARLIAMENT.

IN the House of Lords on Friday, July 25th, the Royal assent was given to the following Bills:—Open Spaces, Working Classes' Dwellings, Public Health (Scotland) Act (1867) Amendment.

Rating of Lunatic Asylums.

In the House of Commons on Friday, July 25th, in reply to a question by Mr. Salt, Mr. Ritchie said that the Local Government Board had no authority to prescribe general rules for the rating of lunatic asylums, and pointed out that in connexion with the assessment of a lunatic asylum the particular circumstances of each case must be considered.

The Medical Service in St. Christopher.

In answer to Sir Walter Foster, Baron Henry de Worms said that it was not true that until lately only two medical men had been provided for four districts in the island. There were three medical officers, and the Secretary of State had already taken steps to appoint a medical officer to a district at present vacant. The want of medical attendance had nothing whatever to do with the great infant mortality, which was accounted for in quite another way.

Miners' Disease.

The Home Secretary, answering a question by Mr. Conybeare, stated that he had received a report from the inspector as to the alleged insanitary condition of the mines in Cornwall, but he did not propose to lay it on the table of the House. The Government had not been moved by fresh evidence to contemplate further legislation since 1888, in which year the inspectors, at his request, furnished suggestions for securing better ventilation.

The Sanitary Condition of Derry Gaol.

On the report of the vote for the General Prisons' Board in Ireland, Mr. Fitzgerald called attention to the sanitary condition of this gaol. Mr. Conybeare complained that several statements in the report of the English inspector concerning the gaol were misleading. The cells were not sufficiently ventilated, and the unprotected condition of the exercise yards in wet weather left no room for wonder that typhoid fever prevailed.—Mr. Balfour, in reply, said that it would be inconvenient to provide sheds for the exercise of prisoners at Derry prison. There were some defects in the prison, but they were by no means so serious as had been represented.

Sanitary Condition of Bermuda.

On Monday, July 28th, Mr. Brodrick, in answer to Mr. Hanbury, said he regretted to say that a telegram had been received that morning stating that six men had been received into the hospital suffering from enteric fever. The sanitary condition of the barracks was good.

The Grand Junction Water Company.

On Tuesday, July 29th, Mr. Tatton Egerton asked the President of the Local Government Board whether his attention had been called to the quality of the water supplied by the Grand Junction Water Company, which, on July 24th, 1890, contained 33 per cent. more organic ammonia than the sample taken on July 24th, 1889. The water was of a yellowish colour, and showed bad filtration. Mr. Ritchie said he would inquire into the matter.

Pleuro-pneumonia.

In reply to Mr. Barclay, Mr. Chaplin said he was not aware that any statement had been made by the Agricultural Department of the United States to the effect that pleuro-pneumonia no longer existed in that country. The only communication which he had received stated that the disease was no longer known to exist; but, on the other hand, within a very short time animals undoubtedly suffering from pleuro-pneumonia had been landed in Liverpool.

Public Museums and Gymnasiums.

This Bill, to enable urban authorities to provide and maintain museums and gymnasiums, was read a first time.

Public Health Acts Amendment Bill.

On Wednesday, in reply to Mr. Channing, Mr. Ritchie said that the Government attached so much importance to this measure that they intended to take such steps as would ensure its passing.

Grand Junction Water Company.

On Thursday, July 31st, in answer to Mr. T. Egerton, Mr. Ritchie said that the analyst's report was to the effect that this company's water had continued to improve in quality.

THE HOUSE OF LORDS' COMMITTEE ON HOSPITALS.

On Monday, July 28th, this Committee resumed its inquiry, Lord Sandhurst presiding.

Dr. S. Mackenzie, visiting physician to the London Hospital, lecturer on medicine at the Medical School, and professionally connected with the hospital for sixteen years, was the first witness called. After explaining the manner in which the medical officers are appointed, witness, in reply to the chairman, said that the income of the medical school was between £6000 and £7000 per annum, but the working expenses were very heavy. He considered the present arrangement of individual schools fairly satisfactory. He would

like to see the positions in London hospitals thrown open to professional men all over the country, but at present it was a rule at the London Hospital to select only those who were connected with the Royal Colleges of Physicians and Surgeons of England.—In reply to Lord Cathcart, witness emphatically denied that at any time in the night the hospital would be found in any kind of disorder. While he considered it no hardship that nurses were compelled to consult young house physicians, witness thought it would be a great advantage if the appointment of resident medical officer were reinstituted. The hospital, as a whole, was never overcrowded, but it was impossible to avoid occasional overcrowding in some of the wards of a hospital situated in a crowded district. Rather than run the risk of sacrificing a life they would take in an urgent case at the London Hospital, even if the hospital were full. In reply to Lord Thring witness said that in the event of money being forthcoming he would recommend the building of a new hospital three or four miles east of the London Hospital. Children should not be withdrawn from the care of general hospitals. In witness's opinion the out-patient department in a general hospital was the most valuable. He did not think this department was calculated to destroy the inclination of the poor to provide for sickness by means of clubs. Witness had never had occasion to complain of inefficiency or deficiency in the nursing staff. In his private practice he occasionally engaged nurses for his patients and never once found them inefficient. Everything that the officials could honestly do was done to make the lot of a nurse a happy one. The hours of nurses could not well be shortened. The suggestion of three "shifts" of eight hours each was not practicable.

Mr. Nixon, recalled, said it was extremely improbable that a student who had no knowledge of midwifery would have entire charge of a case.

Mr. Homersham, recalled, denied the truth of the statement made by Miss Lückes, that he had refused to supply a certificate of his father's health.

Miss Mansel, of the Bloomsbury Nurses' Association, said that this Association, which had branches all over London, was established in 1875 for the purpose of supplying nurses gratuitously to the poor, and was supported entirely by public subscription.

The next witness called was Mr. J. W. Lacy, secretary to the East London Nursing Staff, established for the nursing of sick poor at their own homes, and supported by voluntary subscriptions. Practically no inquiry was made into the position of patients, but if a nurse had reason to believe any person whom she was attending was not deserving of the charity, her services would be withdrawn. Nurses received 15s. a week, lodging and uniform, but no food. Having elicited from the witness that nurses were sometimes supplied on the application of guardians and relieving officers, Lord Thring expressed the opinion that it was not a proper manifestation of charity to help people who were in receipt of poor-law relief.

Miss Sprigg, superintendent of the London Association of Nurses, New Bond-street, denied the truth of the statement of a previous witness that the nurses provided by her were not qualified.

On Thursday, the first witness to be examined was Mrs. Bedford Fenwick, who from 1881 to 1887 was matron at St. Bartholomew's Hospital. Witness thought that certificates should not be withheld or granted to nurses at the caprice of any hospital official. All probationers should be under the actual control of the matron, who should visit the wards once a day at least. Witness thought that all complaints against nurses as to inefficiency or misconduct should first be submitted to a subcommittee, they reporting to the House Committee, who should have absolute control in the engagement and dismissal of nurses. As to holidays, it would not be at all impracticable to give nurses three weeks' holiday in the summer, one half-holiday every week, and three hours off duty each day. Nurses were best trained in hospitals. It was the practice with some hospitals to send out nurses, who receive £20 a year, the public being charged £100 a year for their services. This, in her opinion, was defrauding the public. She considered the hours of nurses too long. As a general rule a nurse would be on her feet nine hours a day. On the principle that cleanliness was the basis of good nursing and ought to form a part of the training, she would not relegate such duties as dusting to the ward maids. Nursing had advanced to such a stage that the organisation of the profession was most necessary, so that the nurses should be under the control of a responsible body, who would not only look after their interests, but at the same time protect the public from untrained nurses. These functions formed the greater part of the aims of the British Nurses' Association, in which witness was interested. Children's wards required a great deal of attention, but it should never be necessary to commence washing them before six o'clock in the morning, and in no case should any child be washed until after partaking of breakfast. Witness was much in favour of special hospitals for children, but for educational purposes children's wards must continue to exist in large general hospitals.

Sir Andrew Clark, President of the Royal College of Physicians, said he had been connected with the London Hospital since the year 1853. He considered that the out-patient department of hospitals generally had not improved since he first commenced practice. The closing of this department in hospitals would be the greatest calamity to the public, and most disastrous to the art of medicine, which could only be learned thoroughly by practice. He was of opinion that the out-patient department was not abused, and in reply to Lord Kimberley he said he approved of inquiry being made into the circumstances of those who made use of it. On the subject of overcrowding, Sir Andrew had nothing adverse to say in regard to the London Hospital, and he had always been perfectly satisfied with the way in which the nurses did their duties there. He was strongly in favour of general hospitals as opposed to special hospitals. He objected to the latter particularly, on the ground that they magnified the complaints coming before them; and another objection, in his opinion, was the lack of that trueness and thoroughness obtainable at general hospitals, where the treatment was conducted practically by the same men, but under conditions much more favourable to patients. On the subject of male nurses, the witness said there was room for a larger number of trained male nurses who could take charge of violent male patients. Asked his opinion whether a separate university should be established, Sir Andrew thought that the medical education in London was about the most practical in the world. He had been educated in Edinburgh, but received very little practical training, though the students there received all that lecturing and the laboratory could teach them. He had a high opinion of the Edinburgh degree in medicine, the examination for which was thoroughly practical, pertaining only to the work in which the student would be engaged. In London, on the other hand, candidates were examined in scientific subjects, and asked questions which could only be answered by the merest good luck. No degree of any university, however, was of itself sufficient to guarantee that a man possessed the qualifications necessary to become a hospital practitioner. There was a broad difference between the knowledge of the ordinary practitioner and that of the hospital practitioner.—In answer to Lord Kimberley, Sir Andrew said he believed that the general opening of fever hospitals to medical students would be an enormous advantage to the students and to the public. He was warmly in favour of the establishment of a great central council of authority constituted of representatives from large hospitals, representatives of the people, and Government representatives, and which, without interfering with the individualism of the hospitals, would take into consideration all questions in general, inquiring into alleged grievances, and hearing appeals. Witness thought that the appointment of resident medical officers for periods of five years would be a great advantage to hospitals. Asked his opinion of the manner in which the London Hospital is conducted, Sir Andrew said that, during the thirty-seven years he had been connected with the hospital, he had always been much impressed with the admirable way in which it was conducted. He had never found anything lacking for the relief and comfort of the patients.

The Committee then adjourned.

METROPOLITAN ASYLUMS BOARD.

Return of Patients remaining in the several Fever Hospitals of the Board at midnight on July 29th, 1890.

Hospital.	Beds occupied.						Total accommodation.
	Scarlet fever.	Diphtheria.	Typhus fever.	Enteric fever.	Other diseases.	Total.	
Eastern Hospital	262	35	..	29	2	328	442
North-Western Hospital	275	31	..	4	..	310	415
Western ,,	140	11	..	7	2	160	362
South-Western ,,	146	..	..	..	1	147	340
South-Eastern ,,	195*	12	4	14	3	228	462
Northern ,,	383	22	..	3	..	408	480
Totals	1401	111	4	57	8	1581	2401

* 1 infant with mother.

Appointments.

Successful applicants for Vacancies, Secretaries of Public Institutions, and others possessing information suitable for this column, are invited to forward it to THE LANCET *Office, directed to the Sub-Editor, not later than 9 o'clock on the Thursday morning of each week for publication in the next number.*

ASHE, E. OLIVER, M.D. Lond., late House Physician and House Surgeon, has been appointed Resident Accoucheur to the London Hospital.

AVELINE, H. T. S., M.R.C.S., L.R.C.P. Lond., has been appointed Assistant Medical Officer to the Bristol City Lunatic Asylum.

BYASS, E. S., M.B., L.R.C.S. Edin., has been appointed, *pro tem.*, Medical Officer and Public Vaccinator for the No. 1 and No. 2 Districts of the Cuckfield Union.

CAMERON, JAMES S., M.D. Edin., has been appointed Honorary Consulting Physician to the Huddersfield Infirmary.

COLECLOUGH, JOHN A., M.R.C.S., has been appointed Medical Officer and Public Vaccinator for the Troedyrhiw District of the Merthyr Tydvil Union.

COOMBS, S. W., F.R.C.S. Edin., L.R.C.P., has been reappointed Medical Officer for the North Claines District of the Droitwich Union.

DOWLING, F. A. G., M.R.C.S., L.R.C.P. Lond., has been appointed Medical Officer, Public Vaccinator, and Medical Officer of Health for the Madley District of the Dore Union.

DURHAM, A. E., M.B., B.C., has been appointed House Physician to Guy's Hospital.

FORGARTY, JOHN W., M.B., B.Ch. Irel., has been appointed Medical Officer of Health for the Cushendall District of the Ballycastle Union.

GEMMELL, WILLIAM, M.B. Glasg., has been appointed Senior Assistant Physician to the City of Glasgow Fever Hospital, vice John H. Carslaw, resigned.

GILL, J. M., M.B., has been appointed House Physician to Guy's Hospital.

GRIFFITH, C. A., M.R.C.S., has been appointed Health Officer for the Shire of Caulfield, Victoria.

HAIG, PATRICK B., M.B., C.M. Edin., has been appointed Resident Physician of the Royal Edinburgh Hospital for Sick Children.

HENDERSON, ALBERT E., M.B., C.M. Aberd., has been appointed Medical Officer to the Poltalloch Estate, and to the parishes of Kilmartin and Craignish, Argyllshire.

INGLIS, HERBERT MCC., M.B.Edin., has been appointed Public Vaccinator for the District of Waipara, New Zealand.

JONES, WILLIAM R., L.R.C.P., L.R.C.S. Edin., has been reappointed Medical Officer and Public Vaccinator for the Second District of the Halstead Union.

MACGILL, GEO., L.R.C.P., L.R.C.S. Edin., has been reappointed Medical Officer of Health for the Wuerdle-and-Wardle Urban Sanitary District.

MORRIS, EDWARD G. F., M.R.C.S., has been appointed Medical Officer for the Fourth District of the Bridge Union.

MORRIS, GEO. A., M.B., C.M.Glasg., has been appointed Public Vaccinator for the district of Cromwell, New Zealand.

MURRAY, WM. HENRY, M.B., C.M. Glasg., has been appointed Medical Officer to the Parish of Farr (Sutherlandshire), vice Dr. Cunningham, resigned.

O'DWYER, PETER, L.K.Q.C.P., L.R.C.S. Irel., has been appointed Medical Officer to the Ennistimon Dispensary, Ennistimon Union.

RUDOLF, ROBERT D., M.B., C.M. Edin., has been appointed Resident Physician of the Royal Edinburgh Hospital for Sick Children.

RUSSELL, J. W., M.B., B.C., has been appointed House Physician to Guy's Hospital.

SMITH, A. H., M.B., B.C., has been appointed Assistant House Physician to Guy's Hospital.

STEELE, SIDNEY T., L.R.C.P. Edin., M.R.C.S., has been reappointed Medical Officer of Health for Morley.

TAYLOR, F. B. P., late Senior House Surgeon at Westminster Hospital, has been appointed Resident Medical Officer to Queen Charlotte's Hospital.

THEED, STANLEY V., L.R.C.P. Edin., M.R.C.S., has been appointed Public Vaccinator for Mornington, Victoria.

TODD, H. BANDALL, L.R.C.P. Lond., M.R.C.S., has been reappointed Medical Officer of Health for Charlton Kings, Gloucestershire.

TORBOCK, WM. H., M.D. Pennsylvania, L.K.Q.C.P. Irel., has been reappointed Medical Officer and Public Vaccinator for the Fourth and Fifth Districts of the Liskeard Union.

WEBSTER, GEO. A., M.B.Camb., M.R.C.S., has been appointed Public Vaccinator at Caulfield, Victoria.

WELLS, A. E., M.D. Lond., has been appointed, *pro tem.*, Medical Officer of the Cuckfield Workhouse Infirmary.

WELLS, G. LEE, M.B., B.S. Lond., F.R.C.S. Eng., has been appointed Honorary Surgeon to the Leeds Public Dispensary, vice R. N. Hartley, M.B., B.S. Lond., resigned.

Vacancies.

For further information regarding each vacancy reference should be made to the advertisement.

CAMBERWELL PROVIDENT DISPENSARY.—Medical Officer on the staff. (Apply to the Secretary, Camberwell-green, S.E.)

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park, E.—House Physician for six months. No salary, but board and residence and allowance for washing provided. (Apply to the Secretary, 24, Finsbury-circus, E.C.)

COUNTY COUNCIL OF ROSS AND CROMARTY.—Medical Officer of Health for the County, under the Local Government (Scotland) Act, 1889. Salary £300, with actual travelling outlays and an allowance of 15s. for each night he is necessarily engaged from home. (Apply to Mr. Duncan, County Clerk, County Buildings, Dingwall.)

DUDLEY DISPENSARY.—Resident Medical Officer. Salary £130, with increase at the end of twelve months if service be satisfactory. Good house (furnished, except beds and bed and house linen), coal, gas, and water found, and all rates and taxes paid.

GLOUCESTER FRIENDLY SOCIETIES' MEDICAL ASSOCIATION.—Assistant Medical Officer. Out-door. Salary £120. (Apply to the President, Grey Friars House, Gloucester.)

MANCHESTER HOSPITAL FOR CONSUMPTION AND DISEASES OF THE THROAT, Hardman-street, Deansgate, Manchester, and Bowden, Cheshire.—Honorary Assistant Physician.

MANCHESTER ROYAL EYE HOSPITAL.—House Surgeon. Salary £70 per annum, with residence, board, and washing.

MANCHESTER ROYAL INFIRMARY.—Resident Medical Officer at the Convalescent Hospital at Cheadle for twelve months. Salary £150 per annum, with board and residence.

M.D., care of P. Dixon, Esq., 13, Gray's-inn-square, W.C.—Assistant Medical Officer required in the large Metropolitan Lunatic Asylum. Salary to begin at £100 a year, with board, lodging, washing, &c.

NATIONAL ORTHOPÆDIC HOSPITAL, 56, Bolsover-street, W.—Honorary Assistant Surgeon. Also Surgical Registrar. Honorarium £20 per annum. Also Honorary Anæsthetist.

NOTTINGHAM GENERAL HOSPITAL.—Resident Surgical Assistant for six months. No salary, but board, lodging, and washing in the hospital.

RIPON DISPENSARY AND COTTAGE HOSPITAL.—Resident House Surgeon and Dispenser. Salary £60 per annum, with board and lodging. (Apply to the Hon. Secretary, Ripon.)

TORBAY HOSPITAL AND PROVIDENT DISPENSARY, Torquay.—Junior House Surgeon and Dispenser. Board, lodging, and attendance (wine, spirits, beer, and washing excepted) provided, together with fees from such pupils (if any) in dispensing as the Weekly Board may approve. He will also be one of the two Medical Officers of the Provident Dispensary. Salary £80 per annum.

WANTAGE UNION.—Medical Officer for the Brightwalton District of the Union. Salary £40 per annum, with the extra fees allowed by the Local Government Board orders. The person elected will be appointed Public Vaccinator for the District, and may be appointed a Medical Officer of Health for the Union, at a salary of £20 per annum. (Apply to the Clerk of the Guardians, Wantage.)

Births, Marriages, and Deaths.

BIRTHS.

ARNOLD.—On July 29th, at Durlock Hall, Minster, Isle of Thanet, the wife of Samuel Arnold, M.B., C.M. Ed., of a son.

HEWKLEY.—On July 22nd, at Lordship-road, Stoke Newington, the wife of Frank Hewkley, M.B., F.R.C.S., of a daughter, prematurely.

MULLIS.—On July 23rd, at Boyson-road, Walworth, S.E., the wife of Geo. W. Mullis, L.R.C.P. Lond., M.R.C.S., & L.S.A., of a daughter.

PURVES.—On July 24th, at Hardwicke Cottage, Wimbledon Common, the wife of Wm. Laidlaw Purves, M.D., of a son.

ROGERS-TILLSTONE.—On July 25th, at Southgate-road, N., the wife of H. Rogers-Tillstone, M.B., of a daughter.

VACHER.—On July 23rd, at Glanmor, Birkenhead, the wife of Francis Vacher, F.R.C.S.Ed., of a daughter.

VERRALL.—On July 28th, at Montpellier-road, Brighton, the wife of T. Jenner Verrall, M.R.C.S., L.R.C.P., of a daughter.

WILDEY.—On July 24th, at The Terrace, H.M. Dockyard, Devonport, the wife of Surgeon A. Gascoigne Wildey, R.N., of a son.

MARRIAGES.

BROWN—SCOTT.—On July 23rd, at the Parish Church, Goole, David Macdonald Brown, M.B., C.M., of Lancaster House, Goole, to Elsie Beatrice, youngest surviving daughter of the late Thomas Scott, Esq., of Goole, and Gracechurch-street, London.

CACCIOLA—TREVELYAN.—On July 5th, in Hotel Timeo, Taormina, Sicily, Professor Salvatore Cacciola, M.D., youngest son of the late Don Salvatore Cacciola, of Taormina, Advocate, to Florence Trevelyan, only surviving daughter of the late Edward Spencer Trevelyan, of Longwitton Hall, Northumberland.

CLARK—TODD.—On July 30th, 1890, at Bolton Abbey, Yorkshire, by the Rev. Henry Bickersteth Ottley, M.A., Vicar of Eastbourne, assisted by the Rev. J. J. Lewis, M.A., S. Mary's, Lancaster, Robert Clark, L.R.C.P. Ed. &c., to Mary Elizabeth, eldest daughter of the late Matthew Todd, Esq., of Oaklands, Ilkley-in-Wharfedale.

DAVIDSON—MCKECHNEY.—On July 26th, at West Ham Church, Harold Davidson, M.R.C.S., L.R.C.P., of Teddington, second son of William Davidson, Esq., of Manor-road, Stoke Newington, to Edith Caroline Eyre, only surviving daughter of the late William McKechney, of Windsor-road, Forest gate, E.

DISNEY—SELBY.—On July 22nd, at St. John's, Hammersmith, Henry Disney, B.A., M.D., Redbourn, Herts, son of the Rev. J. Disney, Beaconsfield, Eastbourne, to Lizzie M., only daughter of the late J. Kendal Selby, of Richmond, Surrey.

GILLIES—CROSS.—On July 23rd, at St. Margaret's, Westminster, Hugh Cameron Gillies, M.D., of Dunstaffnage, Brockley, Kent, to Alison, youngest daughter of G. J. Cross, Esq., Tweedmount, of Forest-hill.

JESSOP—BAINES.—On July 23rd, at St. Andrew's, Wells-street, by the Rev. E. F. Russell, of St. Alban's, Holborn, assisted by the Rev. Borradaile Savory, Rector of St. Bartholomew's the Great, Smithfield, and the Vicar of St. Andrew's, Walter Hamilton Hylton Jessop, M.A., M.B. Cantab., F.R.C.S., of 73, Harley-street, W., to Katherine, youngest daughter of William Baines, Esq., of 26, Portland-place, W., and 40, Sussex-square, Brighton.

MUNYARD—BICKER-CAARTEN.—On July 29th, at St. Saviour's, Warwick-road, W., Thomas Guillaume Munyard, L.R.C.P., L.R.C.S., eldest son of Thomas Pemberton Munyard, Esq., of Coombe Bury House, Kingston-hill, to Janetta Dunbar, eldest daughter of Alfred Gerard Bicker-Caarten, Esq., of Warrington-gardens, W.

OPENSHAW—PRATT.—On July 23rd, at St. Paul's, Avenue-road, Regent's Park, Thomas Horrocks Openshaw, M.D., F.R.C.S. Eng., of Gower-street, to Selina Gertrude, daughter of the late William Pratt, Esq., of Avenue-road.

TUKE—HEWITT.—On July 24th, at St. George's Church, Hanover-square, T. Seymour Tuke, M.A., M.B.Oxon., of the Manor House, Chiswick, and Albemarle-street, to Kate Alexandra Griffiths, youngest daughter of Graily Hewitt, M.D., F.R.C.P., F.R.S. Ed., of Berkeley-square.

DEATHS.

BROWN.—On July 27th, at Athole-crescent, Edinburgh, Surgeon-General Sir John C. Brown, C.B., K.C.B., aged 78.

BUCKLAND.—While on his way from New Zealand to Aberdeen, Alfred Geo. Buckland, M.D. Aberd., M.R.C.S., aged about 40.

CHORLEY.—On July 26th, at Chepstow Villas, W., William Francis Chorley, M.D., Caius College, Camb., last survivor of the family of the late Thomas Chorley, Surgeon, of Leeds, aged 73.

HOFFMEISTER.—On July 29th, at his residence, Clifton House, West Cowes, Sir William Carter Hoffmeister, M.D., F.R.C.S., in his 74th year.

HOLTOM.—On July 24th, at Stoke Hall, Stoke-upon-Trent, Charles Holtom, M.R.C.S., L.S.A., aged 58.

KING.—On Sunday, July 27th, at Regent-street, Smethwick, in his 55th year, Germain King, M.R.C.S., L.R.C.P. Lond., only son of the late John King, M.R.C.S., &c. of Helmsley, Yorkshire, and grandson of the late Rev. Anthony Germain, Vicar of Ampleforth, Yorkshire.

RENNY.—On July 23rd, at Ranikhet, Bengal, from cholera, Surgeon Charles Alan Renny, Army Medical Staff, son of Charles Renny, of Edinburgh.

RICHARDSON.—On July 26th, at Milman-street, W.C., William Henry Richardson, M.R.C.S., L.S.A., youngest son of the late James Richardson, Esq., of York, aged 55.

WAY.—On July 23rd, at Wellington, New Zealand, John Way, M.D., of Eaton-square.

WEST.—On July 29th, at Broadstairs (of rapid consumption), John Arthur West, L.R.C.P., M.R.C.S., &c., of 113, King Henry's-road, N.W., the younger son of William West, of Bickley Park, Kent, aged 32.

N.B.—A fee of 2s. is charged for the Insertion of Notices of Births, Marriages, and Deaths.

METEOROLOGICAL READINGS.

(Taken daily at 8.30 a.m. by Steward's Instruments.)

THE LANCET Office, July 31st, 1890.

Date.	Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Dry Bulb.	Wet Bulb.	Solar Radiation in Vacuo.	Maximum Temp. in Shade.	Min. Temp.	Rainfall.	Remarks at 8.30 A.M.
July 25	30·08	N.W.	60	55	122	74	54	..	Bright
,, 26	30·06	S.W.	61	60	117	75	59	·02	Raining
,, 27	30·04	N.W.	65	60	110	72	58	·02	Cloudy
,, 28	29·86	W.	62	59	116	76	59	..	Cloudy
,, 29	30·03	W.	59	55	116	75	52	·03	Bright
,, 30	29·97	W.	61	58	85	70	57	·02	Overcast
,, 31	29·97	W.	66	66	82	71	60	..	Overcast

Notes, Short Comments, & Answers to Correspondents.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this Office.

All communications relating to the editorial business of the journal must be addressed "To the Editors."

Lectures, original articles, and reports should be written on one side only of the paper.

Letters, whether intended for insertion or for private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.

We cannot prescribe or recommend practitioners.

Local papers containing reports or news paragraphs should be marked and addressed "To the Sub-Editor."

Letters relating to the publication, sale, and advertising departments of THE LANCET *to be addressed "To the Publisher."*

We cannot undertake to return MSS. not used.

TUBERCULOSIS AND MUSICAL INSTRUMENTS.

A FRENCH military surgeon, on the strength of some bacteriological researches on wind instruments which had been used by phthisical bandsmen, warns musicians of the importance of disinfection. He recommends that instruments should be filled with a 5 per cent. solution of carbolic acid, or, in the case of metallic instruments, that they should be dipped into boiling water. Of course, these precautions are of the utmost importance when phthisical persons have used them; for it was found in such cases that liquid used to wash them out presented a virulence similar to that of a pure culture of tuberculosis. Fortunately the danger is small as long as the interior is thoroughly moist, which, of course, it usually is; but when an instrument has been lying by for some time, so that the interior has become dry, there is real danger of air containing dried germs of the disease being drawn into the lungs of the person who next plays upon it.

S. M. C.—We must refer our correspondent to an article in THE LANCET of April 26th last, p. 912.

Mr. J. A. Jones (Aberavon).—Yes, very shortly.

"EXTRAORDINARY OBESITY."

To the Editors of THE LANCET.

SIRS,—Some weeks ago I had an opportunity of seeing the case mentioned by Mr. Yorke-Davies. The parents and grandparents on both sides are average thin people. The child is the show of the county, and receives visitors, who give him sweets. His food is mainly farinaceous and milky. I fear there is not much chance of his living many years. I cordially agree with Mr. Yorke-Davies's remarks as to the urgent need of physiologists reconsidering their views as to healthy diet. It is well admitted that a man may live entirely on nitrogenous food for any period, provided, as I have always urged, that a large amount of fluid is taken. An obese twenty-stone man, whose life is almost endangered by fat causing a severe strain on the heart and lungs, may with safety live on nitrogenous food alone; his stored carbon is ample, and he lives on it. Rapidly the carbon disappears, giving him great relief, and with a little occasional treatment he may revert to ordinary food, excepting sugar and beer. He will never regain weight or girth. Some two years ago cases of this kind that I had successfully reduced reported themselves, and I found that very little variation had occurred. Corpulency leads to all sorts of disease, and requires serious treatment, as your correspondent urges. I maintain that rapid reduction is all-important in extreme cases. The fasting man at the Aquarium lost less by starvation than many of my patients do when dieted strictly on large amounts of nitrogenous food amply diluted. I trust some of our leading physiologists will awake to the necessity of dealing with what is a very important question.

I am, Sirs, yours faithfully,

Chancery-lane, W.C., July 21st, 1890. W. TOWERS-SMITH.

ADVENTURE OF A HYPNOTIC SUBJECT.

IN Rome the other day, in that church of the Ara Cœli where Gibbon, as he himself tells us, conceived his "History of the Decline and Fall" of the empire, a young man of foreign appearance, about five in the evening, was seen to be making the round of the several chapels. Suddenly he stopped before the altar of S. Francis of Assisi and remained in rapt attention before the picture of the saint. More than an hour elapsed and he was still seen standing, perfectly motionless, his eyes fixed on the well-known painting. At last the *custode*, as it was time to close the church, told him that he must withdraw. The stranger seemed not to hear, and moved neither a foot nor a muscle, still gazing as if in ecstasy at the picture. The *custode* shook him and urged him to go, but in vain, till at length the Municipal Guard were called in and the young man was lifted bodily from the pavement and taken first to the station house and then to the Ospedale della Consolazione. The guard had tried to bring him to consciousness by dashing water in his face and shaking him, but finding these measures ineffectual—the man remaining with his eyes fixed on some invisible object above and not a muscle of his body stirring—they brought him to the medical waiting-room of the Consolazione. There the physicians immediately pronounced the case to be one of hypnotism, and after various remedies had been tried without success, they at last succeeded in bringing him to consciousness by hypodermic injections of ether. On coming to himself, the patient turned out to be a Bavarian, and one of the attachés of the German Embassy who had been summoned identified him as a young recently graduated physician of Munich who had been subject to hypnotic fits for some time past. Thanking all the officials—medical, municpal, and diplomatic—for the care and kindness he had experienced at their hands, he returned to his hotel. The Roman press, commenting on the occurrence, remarks that two or three centuries ago, the same phenomenon would have been regarded as treasure-trove by the Church, and the chapel of S. Francis of Assisi, in the Ara Cœli, would have attracted crowds of pilgrims eager to come under the direct influence of the saint. Medical science, however, may now say: "Nous avons changé tout cela."

Will *M.D.* (Sale) allow his name to be placed at the foot of his communication?

Mr. W. Pernewan.—Yes, in an early number.

"THE STING OF THE HONEY BEE."

To the Editors of THE LANCET.

SIRS,—In case any one of your readers should be inclined to accept the invitation of Dr. O'Neill to try and procure the desirable end of being sting-proof against either the wasp or bee, a relation of my experience of the evening of the 26th inst. may make him think twice before accepting it. For three years my daughter has kept bees both for pleasure and for as much profit as could be obtained. The work has been divided between herself and myself, and although stung only a few times, being always carefully protected when manipulating them, we have escaped much damage. On the evening above mentioned my wife was stung by a bee a few yards from the hive, on its way home, on the angle of the jaw, over the facial vein. She came to me within five minutes and complained of the sting, but received but scant sympathy, as we were playing tennis, and she had been stung several times before, with nothing beyond some local pain and swelling. She said she felt so bad and fell on her knees, saying she must die. She appeared faint, and I placed her on the grass in the middle of the field and unfastened her clothing, thinking she was going to faint. Within one minute she became insensible, her face, ears, and hands, intensely livid, resembling the most intense post-mortem lividity I have ever seen. No pulse; breathing stertorous; pupils contracted, and conjunctive suffused. We at once began friction of the extremities, which had to be kept up for one hour and a half before there was the slightest sign of improvement. Brandy she could not swallow. Ammonia inhalation had no effect beyond producing severe blistering afterwards. I could not leave to procure a syringe for the hypodermic injection of ammonia, as I felt every moment must be the last. In one hour and a half from the time of becoming insensible the ears began to clear in colour, and in another half hour she could swallow some brandy, and consciousness gradually returned. She was then removed to bed, took some champagne, and eventually some tea, and, after a night of great discomfort and thirst, she is now, I am thankful to say, beyond some malaise, herself again. The only explanation of the severity of the attack can be that the sting punctured the facial vein, and so the poison was at once circulated in the system. Of course, in this country we see but little of snake bites, but the above case reminded me of a man that I attended some years ago who was bitten by an adder, with much the same symptoms *plus* intense vomiting and purging. The thirst in that case was most severe.

I am inclined to attribute the sting-proof state claimed by all old bee-keepers to their increased skill in manipulating and consequent fearlessness. At any rate, anyone wishing to accept Dr. O'Neill's invitation is quite welcome to our three stocks, carriage paid to any part of the kingdom.—I am, Sirs, yours truly,

Huntingdon, July 29th. LANCELOT NEWTON, M.R.C.S., L.S.A.

INFECTIOUS DISEASE (NOTIFICATION) ACT AND MEDICAL OFFICERS OF HEALTH.

ON this subject we have received several letters for which we are this week unable to find space. We hope to discuss the question at length in an article in a future number.

B. W. C.—If the gentleman in question is on the jury list, and is not in actual practice, we fear he cannot get his name erased unless he is beyond the prescribed age.

Non-Vermont M.D.—The Vermont degree is not registrable in England.

CHESS.

To the Editors of THE LANCET.

SIRS,—Many of your readers will, I think, be much interested to find that in its early days THE LANCET advocated the study of chess as an exercise eminently calculated to develop the highest mental faculties and strengthen the judgment, as well as to afford recreation of the most fascinating kind to the brain-worker. It was a happy idea to reprint the three chess compositions that appeared in THE LANCET in 1823, and which are remarkable as being the first chess problems ever published in an English periodical; and I cannot but think that if you are willing to aid in carrying out the evident desire of the founder of THE LANCET that this fascinating and improving study should become popularised among medical men, this purpose might easily be furthered. The chief difficulty in attaining proficiency in the game is want of practice. But at present medical men have few facilities for obtaining this requisite. The existing chess clubs, with one exception, are, for various reasons, hardly likely to attract the profession to a large extent, while at the St. George's Club play only takes place in the afternoons, when medical men are otherwise engaged. It seems to me that if those practising in particular districts could form chess circles for practice after the day's work is over, much in the same way that whist clubs are carried on, the study of Chess would receive a great impetus among our *confrères*. If you would invite those willing to coöperate in such a scheme to send their names and addresses for publication in THE LANCET, lovers of the royal game might become aware of the existence of other enthusiasts in their neighbourhood, and thus facilitate the formation of local medical chess clubs. At such *réunions* not only science but heart also might be cultivated, so that each meeting should prove in truth a feast of reason and a flow of soul.

I am, Sirs, yours faithfully,

Norfolk-crescent, W., July 23rd, 1890. W. T. LAW.

"CHRONIC 'BILIOUS ATTACKS.'"

To the Editors of THE LANCET.

SIRS,—May I advise "A Ten Years' Subscriber" to give the case in question a month or five weeks' trial of liquor papain. et iridin. co., one teaspoonful to be taken in a tablespoonful of cold water about five minutes after each meal? If after a careful trial of the remedy no relief is obtained, one would be inclined to suspect some organic mischief of the stomach. In my own practice I have found the extract act like a charm in certain functional disturbances of the stomach, and give great relief in organic disease, and in chronic gastritis and dyspepsia. In it we have one of the most powerful digestives, rapid in its action and pleasant to take. I am, Sirs, yours faithfully,

Aldbrough, Hull, July 29th, 1890. W. H. BROWNE.

To the Editors of THE LANCET.

SIRS,—I have no doubt your correspondent, "A Ten Years' Subscriber," has to deal with a case of migraine. If he will read Dr. Liveing's book, "Megrim and Sick Headache," he will find a very full description of the disorder and its treatment. In the course of a long practice I have met with scores of similar cases, and have generally found them yield speedily to the following: Zinci valerianat., gr. ⅔; ext. belladonnæ, gr. ½; ext. nucis vom., gr. $\frac{1}{12}$; ext. hyoscyam., gr. i.; ferri redact., gr. i.; pulv. capsici, gr. ss.; in pill, one to be taken every four hours.

I am, Sirs, yours truly,

Tenby, July 28th, 1890. DOUGLAS A. REID, M.D.

To the Editors of THE LANCET.

SIRS,—The case of neurotic headache, called chronic "bilious attacks" at page 215 of your last number, requires some tonic means, with bromide of potassium night and morning, or an occasional dose of antipyrin. The medicines tried should not include mercurial purgatives or the mineral bitter waters. Lobster salad and other varied viands may be sometimes added to the strict dietary mentioned.

I am, Sirs, yours faithfully,

July 28th, 1890. M.D.

"ATONY OF THE UTERUS FOLLOWING ANTE-PARTUM HÆMORRHAGE."

To the Editors of THE LANCET.

SIRS,—I should like to remark, with regard to the history of the midwifery case communicated in your issue of July 19th by Mr. Watkins, that if he had given his dose of ergot just before turning, and had delivered less rapidly, his case, in all probability, would have ended less disastrously. Rapid artificial delivery is a much more common cause of post-partum uterine inertia than ante-partum hæmorrhage.

I am, Sirs, yours faithfully,

Halesowen, July 23rd, 1890. THOS. BRETT YOUNG.

SUPRA-PUBIC CYSTOTOMY FOR VESICAL HÆMORRHAGE.

WITH regard to this case, which was reported in the "Mirror of Hospital Practice" of our last issue, Mr. A. S. Barling writes that Bigelow's largest catheter was passed, and efforts made to suck out the clot by the exhauster, without success. This note was accidentally omitted in his account of the case. The operation was only performed on the failure of this method of treatment. He does not think that anything short of direct treatment could have arrested the hæmorrhage.

Brevity and Utility.—Our correspondent has probably overlooked the reply of the Editors of the Medical Directory to a former letter on the same subject. The reply appeared in THE LANCET of Nov. 2nd, 1889, page 942.

M.A., M.B.—Not *entitled*. As a matter of courtesy from others, the higher title is often or generally given.

Mr. Dawson (Highbury).—We shall probably deal with the whole matter in an early issue.

Angus and *Censor* have not enclosed their cards.

INVALID CHILDREN'S AID ASSOCIATION.

To the Editors of THE LANCET.

SIRS,—A kind notice of our work appears in THE LANCET of July 19th, p. 143. For the sake of any who may wish to refer cases to us, may I add that our address is 18, Buckingham-street, Strand, W.C. We greatly value the support you have always given us, and I am sure you will be glad to hear, as evidence of the increasing confidence felt in our Association, that we now have over 900 cases on our books, the new cases during the last two months averaging ten a week. The difficulty with which we are ever contending is that our funds fall short of our necessities. We are spending at the rate of nearly £1000 a year for keeping children—principally surgical cases—at convalescent hospitals for long terms, so that the skill and care lavished upon them in the London hospitals may not be thrown away, as has been too often the case, on their return to their own poverty-stricken homes. With sincere thanks, I am, Sirs, yours obediently,

July, 1890. THE HONORARY SECRETARY.

"THORACIC ABSCESS CAUSING FATAL DYSPNŒA."

To the Editors of THE LANCET.

SIRS,—Could this case, reported in your last issue from the Kidderminster Infirmary, have been one of abscess of a thymus gland which had not atrophied during childhood? Mr. Rust the house surgeon's account reads very much as if it might have been: "The mass was closely connected with the innominate and right carotid and subclavian arteries, and contained in its centre about three ounces of thick creamy pus. It extended upwards into the cellular tissue of the neck about 2½ in. on the right side." Perhaps Mr. Rust will kindly give a further opinion on the case, especially as he has not considered the very interesting question of thymus.—I am, Sirs, yours faithfully,

July 28th, 1890. PUGIN THORNTON.

*** We may mention that the case referred to above was under the care of Mr. W. Moore.—ED. L.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Percy Boulton, London; Dr. W. Squire, London; Mr. Jessop, London; Dr. J. Althaus, London; Prof. Longmore, Netley; Dr. Urquhart, Birmingham; Dr. B. Hoffmeister; Mr. F. Savory, Hull; Mr. J. S. Battams, London; Mr. A. Haviland; Mr. Skrimshire, Pontypool; Mrs. Bedford Fenwick, London; Mr. Dawson, London; Dr. C. C. Richards, London; Mr. Bellamy, London; Dr. F. Beach, Dartford; Messrs. Blondeau et Cie., London; Dr. G. Norrie, Copenhagen; Mr. James Fair, West Brighton; Dr. Dudgeon, London; Mr. Spurgin, Maryport; Mr. Kent Hughes, London; Mr. Barling, Stoke-upon-Trent; Messrs. Margrave Bros., Llanelly; Dr. H. S. Wood, Wincanton; Messrs. Burroughs and Wellcome, London; Mr. W. E. Scott, London; Messrs. Oliver and Boyd, Edinburgh; Mr. G. O. Jacobson, Huntingdon; Mr. Fletcher Little, London; Mr. S. C. Smith, Halifax; Mr. Weaver; Dr. Lloyd Smith, Tottenham; Mr. T. W. J. Allen, Grimsby; Messrs. Allen and Hanbury, London; Mr. W. H. Browne, Aldborough; Messrs. G. and G. Stern, London; Mr. J. H. Morgan, London; Messrs. Cooper and Co., Kensington; Mr. Santi, London; Mr. V. Horsley; Mr. Pugin Thornton, Canterbury; Mr. Malabari; Mr. F. G. Wallace; Mr. Hugh Miller, Dartmouth; Dr. D. A. Reid, Tenby; Messrs. Brooks, Peel, and Co., London; Mr. Upton, London; Dr. Dolan, Halifax; Mr. Spencer Watson, London; Dr. F. P. Atkinson, Surbiton; Messrs. Eason and Son, Dublin; Dr. Nias, London; Col. Onslow, London; Messrs. E. and S. Livingstone, Edinburgh; Dr. Kelso, Kincardine; Dr. Bontor, Great Berkhamsted; Mr. W. Berry, Wigan; Mr. C. H. Stone; Mr. Oscar Meyer, London; Mr. L. Newton, Huntingdon; Mr. B. Thornton, Margate; Dr. Blandford, London; Mr. G. Lawson, London; Mr. J. A. Jones, Aberavon; Mr. H. Morris, London; Mr. Sell, London; Dr. J. Kerr, Bradford; Dr. Horrocks, Bradford; Mr. Kilvington, Hartlepool; Mr. Griffith, Buntingford; Mr. Godber, Edinburgh; Mr. Bell, Lancaster; Mr. Syms, Redcar; M. Merck, Darmstadt; Mr. Pentland, London; Mr. Lewis, London; Mr. Crassweller, Highbury; Mr. Crow, Canterbury; Mr. Scott, Manchester; Mr. Ensor, Cardiff; Mr. Walsh, Oxford; Dr. Hargreaves, London; Mrs. Turner, London; Dr. Steele,

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LETTERS, *each with enclosure*, are also acknowledged from—Dr. Ramsay, Fleetwood; Mr. Tully, Hastings; Mr. Roberts, Ludlow; Mr. Tyte, Minchinhampton; Mr. Holdsworth, Lamington; Dr. Earlam, Montgomery; Mr. Thin, Edinburgh; Mr. Ridley, Yorks; Mr. Sandford, Manchester; Mr. Geyer, Dollar, N.B.; Dr. Maclagan, Northumberland; Mr. Vacher, Birkenhead; Mr. Roe, Maidstone; Mr. Denman, Beaconsfield; Miss Mainwaring, Margate; Dr. Kirkpatrick, Ebbw Vale; Mr. Pike, Plaistow; Mr. Dickson, Iver; Messrs. Lawrence Bros., Weston-super-Mare; Mr. Williams, Bristol; Messrs. Carnrick and Co., London; Mr. Winckworth, Brighton; Messrs. Maclehose and Sons, Glasgow; Mr. Boyton, Forest-gate; Mr. Sutherland, Fence Houses; Mr. Mullis, Walworth; Mr. J. Dalziel; Dr. Berry, North Devon; Mr. Blake, Ilminster; Mr. Smith, Monmouth; Mr. Russell, Liverpool; Mr. Freer, Birmingham; Mr. Wareham, Yeovil; Mr. T. Cooke, London; Mrs. Levick, Paris; Mr. Jones, Fulham; Mr. Clark, Sligo; Mr. Beattie, Darlington; Mr. Brown, Carnforth; Mr. Potter, Kensington; Dr. Mackenzie, Arran, N.B.; Messrs. Bates and Co., New York; Mr. Stedman, Godalming; Mr. Hornibrook; Dr. Arnold, Ramsgate; Mikie, London; F. O. S., London; Cicatrix, London; P. T., Edinburgh; Alpha, Leeds; T. E. S., London; Rev. Mother Superior, Sidmouth; P. H. D., Edinburgh; Secretary, Central London Throat Hospital; D. V., London; Secretary, Gateshead Children's Hospital; M.R.C.S., London; M.B., London; Secretary, Worcester General Infirmary; Permanency, London; Secretary, St. Mungo's College, Glasgow; L. C., London; Alpha, Hull; Secretary, Ratcliffe Infirmary, Oxford; Surgeon, Victoria-park; Matron, Hampshire Nurses' Institute; W. D., Edinburgh; F. M. S., Bayswater; Vendor, London; Wentworth, London; A. B. C., London; Medicus, Manchester; Country, London; Medicus, Blackburn; Medicus, Stoke Newington; F. A. X., London; Menthol, London; W. H. S., Maryport; Wellington, London; H. Z., London; M.D., Edinburgh; Ajax, London; Medicus, Sheffield; Doctor, London; A., Chelsea; Mater, Norwood; Forceps, London; Alpha, London; Comer, London.

NEWSPAPERS.—*Sussex Express, Evening Express (Liverpool), Galignani's Messenger, Manchester Evening News, Herald (Montreal), Newcastle Evening Chronicle, Belfast Morning News, Sleaford Gazette, Liverpool Courier, North British Daily Mail, Scotsman, Sunday Times, Eastern Evening News, Bradford Daily Telegraph, Leicester Post, Architect, Broad Arrow, Kilkenny Journal, Sheffield Daily Telegraph, Chemist and Druggist, Weekly Free Press and Aberdeen Herald, West Middlesex Standard, Builder, Hertfordshire Mercury, Nursing Record, Spectator, Surrey Advertiser, Pharmaceutical Journal, Law Journal, Lincolnshire Chronicle, Guy's Hospital Gazette, Windsor and Eton Express, New York Herald (London), Metropolitan, Saturday Review, Reading Mercury, Local Government Chronicle, Mining Journal, City Press, The Cambrian, West Middlesex Advertiser, Naval and Military Argus, Denbighshire Free Press, Health, Public Opinion, English Mechanic, Leeds Mercury, Kentish Observer, Northern Whig, Empire, Overland Mail, Bristol Mercury, Home Journal, Durham County Advertiser, Evening News and Post, Yorkshire Post, Citizen, The Rock, Weekly Budget, Manufacturing Chemist (Calcutta), South-Eastern Gazette, The Schoolmaster, Nuneaton Advertiser, Huddersfield Examiner, The Voice (New York), Oldham Standard, Irish Times, Child's Guardian, Newcastle Daily Chronicle, &c.*, have been received.

Medical Diary for the ensuing Week.

Monday, August 4.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations daily at 10 A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1.30 P.M., and each day at the same hour.
CHELSEA HOSPITAL FOR WOMEN.—Operations, 2.30 P.M.; Thursday, 2.30.
ST. MARK'S HOSPITAL.—Operations, 2.30 P.M.; Tuesday, 2.30 P.M.
HOSPITAL FOR WOMEN, SOHO-SQUARE.—Operations, 2 P.M., and on Thursday at the same hour
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and each day in the week at the same hour.
UNIVERSITY COLLEGE HOSPITAL.—Ear and Throat Department, 9 A.M.; Thursday, 9 A.M.

Tuesday, August 5.

KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.; Fridays and Saturdays at the same hour.
GUY'S HOSPITAL.—Operations, 1.30 P.M., and on Friday at same hour. Ophthalmic Operations on Monday at 1.30 and Thursday at 2 P.M.
ST. THOMAS'S HOSPITAL.—Ophthalmic operations, 4 P.M.; Friday, 2 P.M.
CANCER HOSPITAL, BROMPTON.—Operations, 2 P.M.; Saturday, 2 P.M
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2.30 P.M.
ST. MARY'S HOSPITAL.—Operations, 1.30 P.M. Consultations, Monday, 2.30 P.M. Skin Department, Monday and Thursday, 9.30 A.M. Throat Department, Tuesdays and Fridays, 1.30 P.M. Electro-therapeutics, same day, 2 P.M.

Wednesday, August 6.

NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 10 A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M. Operations by the Obstetric Physicians on Thursdays at 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1.30 P.M.; Saturday, same hour. Ophthalmic Operations, Tuesday and Thursday, 1.30 P.M Surgical Consultations, Thursday, 1.30 P.M.
CHARING-CROSS HOSPITAL.—Operations, 3 P.M., and on Thursday and Friday at the same hour.
ST. THOMAS'S HOSPITAL.—Operations, 1.30 P.M.; Saturday, same hour.
LONDON HOSPITAL.—Operations, 2 P.M. Thursday & Saturday, same hour.
ST. PETER'S HOSPITAL, COVENT-GARDEN.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2.30 P.M.
GREAT NORTHERN CENTRAL HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.; Skin Department, 1.45 P.M.; Saturday, 9.15 A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M., and on Saturday.
CHILDREN'S HOSPITAL, GREAT ORMOND-STREET.—Operations, 9.30 A.M.; Surgical Visits on Wednesday and Saturday at 9.15 A.M.

Thursday, August 7.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. Surgical Consultations, Wednesday, 1.30 P.M. Ophthalmic Operations, Friday, 1.30 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.; Ear and Throat Department, 9 A.M.

Friday, August 8.

ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Saturday, August 9.

MIDDLESEX HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.; and Skin Department, 9.15 A.M.

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